

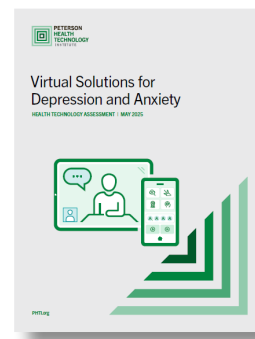
Virtual Solutions for Depression and Anxiety Evaluation — Appendices

May 2025 | Version 1.0

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Accessing PHTI's Full Report

You can access the full report [here](#).



Appendix A – Methodology Overview

This evaluation of virtual solutions for anxiety and depression followed the Peterson Health Technology Institute's (PHTI) published assessment methodology, using the [ICER-PHTI Assessment Framework for Digital Health Technologies](#), and stakeholder engagement process. Additional information about PHTI's process and advisors can be found at phti.org.

Assessment Framework

PHTI partnered with the Institute for Clinical and Economic Review (ICER), a leader in health technology assessment, to develop the ICER-PHTI Assessment Framework for Digital Health Technologies that guides this and all other PHTI evaluations. The assessment framework prioritizes products' clinical benefits and economic impact, while also considering effects on health equity and user experience. The selection process for which technologies are evaluated are based on several factors, including market relevance, disease burden, level of spend and claimed savings, and evidence quality and availability.

PHTI's goal is to provide decision makers with relevant information to inform digital health purchasing and innovation that improves overall health system performance and delivers better health outcomes at lower costs. By helping purchasers identify bright spots in digital health innovation, PHTI aims to raise the bar for technology-driven advances in healthcare delivery, including superior outcomes, convenience, access, and affordability. The assessment framework can also guide technology developers and investors about performance standards and the evidence needs required to demonstrate stated clinical and economic benefits.

Clinical Assessment

A systematic literature review (SLR), including online database searches, data screening and extraction, and evidence quality ratings, was conducted by a third-party health technology assessment partner to identify all relevant published literature evaluating clinical impact of virtual solutions for depression and anxiety. The SLR was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. This SLR followed the methods and standard set forth in the ICER-PHTI Assessment Framework to provide a rigorous evaluation of digital health technologies. The SLR was registered *a priori* with PROSPERO ([CRD42024601558](https://www.crd42024601558)).

Data from two literature databases, MEDLINE and EMBASE, were systematically searched for inclusion into the SLR. Conference proceedings were hand-searched to retrieve relevant publications. Potentially eligible studies were identified via the search strategy outlined in Tables 1 and 2 below. Studies were considered for inclusion in the SLR based on the population, intervention, comparators, outcomes, and setting/study design (PICOS) criteria presented in Table 3 below.

The SLR included a review of the "grey" literature, which captured data from sources not indexed and that are available from scientific conferences, the US Food and Drug Administration (FDA) website and 510k clearances, company websites, and information provided by companies under review.

Table 1. Medline Search Strategy

| SEARCH | TERMS | CITATIONS |
|---|--|-----------|
| #1: Clinical Indications | "Anxiety"[MeSH] OR "Anxiety disorders"[MeSH] OR "Depression"[MeSH] OR "Depressive disorder, major"[MeSH] OR "Depressive Disorder, Major"[MeSH] OR "major depressive disorder"[tiab:~0] OR "anxiety"[tiab] OR "depression"[tiab] OR "depressive"[tiab] | 753,588 |
| #2: Artificial Intelligence and Applications | "digital health"[MeSH Terms] OR "digital health"[Text Word] OR "digital mental health"[tiab:~0] OR "Mobile Applications"[MAJR] OR "mobile health app"[tiab] OR "mobile health app"[tiab:~0] OR "digital health intervention"[tiab:~0] OR "mental health app"[tiab:~0] OR "digital intervention"[tiab:~0] OR "digital therapeutics"[tiab:~0] OR "digital therapeutic"[tiab:~0] OR "mobile health program"[tiab] OR "smartphone app"[tiab] OR ((mobile OR smartphone OR internet OR digital) AND (app OR application OR delivered OR intervention)) | 621,620 |
| #3: Cognitive Behavioral Therapy | "Cognitive Behavioral Therapy"[Mesh] OR "CBT"[tiab] OR "cognitive behavior* therapy"[tiab] OR "Cognitive Behavioral Therap*"[tiab] OR "cognitive behavioral therapy"[tiab:~0] OR "cognitive behavioural therapy"[tiab:~0] OR "cognitive restructuring"[tiab:~0] OR "Cognitive Restructuring"[Mesh] OR "iCBT"[tiab] OR "internet CBT"[tiab:~0] OR "virtual CBT"[tiab:~0] OR "remote CBT"[tiab:~0] OR "electronic CBT"[tiab:~0] OR "computerized CBT"[tiab:~0] OR "computerised CBT"[tiab:~0] OR "internet cognitive behavioral therapy"[tiab:~1] OR "Cognitive Behavioral Therapy/methods"[MeSH] OR "Cognitive Behavioral Therapy/methods"[MAJR] OR "Cognitive Behavioral Therapy"[MAJR] OR "Anxiety/therapy"[MeSH] OR "Anxiety/therapy"[MAJR] OR "Depression/therapy"[MeSH] OR "Depression/therapy"[MAJR] OR anxiety*/therapy OR "telepsychiatric care"[tiab:~0] OR "telepsychiatr*"[tiab] | 109,825 |
| #4: Combination | (#2 AND #3) OR (#1 AND #2 AND #3) | 6,816 |
| #5: Exclusions | #4 NOT ("PTSD"[tiab] OR "post traumatic stress disorder"[tiab] OR "post-traumatic stress disorder"[tiab] OR "schizophrenia"[tiab] OR "phobia"[tiab] OR "psychosis"[tiab] OR "dementia"[tiab] OR ("chronic"[tiab] adj+ "pain"[tiab]) OR "postpartum"[tiab] OR "prenatal"[tiab] OR "perinatal"[tiab] OR "peripartum"[tiab] OR "pregnancy"[tiab] OR "menopaus*"[tiab] OR "cancer"[tiab] OR "HIV"[tiab] OR ("coronary"[tiab] adj+ "disease"[tiab]) OR "stroke"[tiab] OR "heart failure"[tiab] OR "adolescen*"[tiab]) | 5,022 |
| #6: Study Type Exclusions | #5 NOT ("address"[pt] OR "case reports"[pt] OR "case report*"[tiab] OR "clinical trial protocol"[pt] OR "Clinical Trial, Veterinary"[pt] OR "comment"[pt] OR "editorial"[pt] OR "lecture"[pt] OR "letter"[pt] OR "Observational Study, Veterinary"[pt] OR "Personal Narrative"[pt] OR "Published Erratum"[pt] OR "Randomized Controlled Trial, Veterinary"[pt] OR "Retracted Publication"[pt] OR "Retraction of Publication"[pt]) | 4,667 |
| #7: Human Studies | #6 NOT ("Animals"[MeSH] NOT "Humans"[MeSH]) | 4,646 |
| #8: Date Filter | Filter 2018-2024 | 3,074 |
| #9: Language Filter | English | 3,036 |

Table 2. Embase Search Strategy

| SEARCH | TERMS | CITATIONS |
|---|---|-----------|
| #1: Clinical Indications | 'anxiety' OR 'generalized anxiety disorder' OR 'anxiety disorder' OR 'depression' OR 'major depression' OR 'mixed anxiety and depression' OR 'anxiety':ti,ab 'major depressive disorder':ti,ab OR 'depression':ti,ab OR 'depressive':ti,ab | 705,093 |
| #2: Artificial Intelligence and Applications | 'digital health' OR 'digital health technology' OR 'digital health intervention'/de OR 'digital health application'/de OR 'digital therapeutics'/de OR 'digital health intervention':ti,ab OR 'digital therapeutics':ti,ab OR 'digital therapeutic':ti,ab OR 'digital mental health'/de OR 'digital mental health':ti,ab OR 'digital mental health intervention'/de OR 'mobile applications' OR 'mobile health application' OR 'mobile health app*':ti,ab 'mental health app':ti,ab OR 'mobile health program':ti,ab OR (('mobile' OR 'smartphone' OR 'internet' OR 'digital') AND ('app' OR 'application' OR 'delivered' OR 'intervention')):ti,ab | 98,632 |
| #3: Cognitive Behavioral Therapy | 'Cognitive Behavioral Therapy' OR 'cognitive restructuring' OR 'cognitive restructuring':ti,ab OR 'CBT':ti,ab OR 'cognitive behavior* therapy':ti,ab OR 'cognitive behavioral therapy':ti,ab OR 'cognitive behavioural therapy':ti,ab OR 'iCBT':ti,ab OR 'internet cognitive behavioral therapy':ti,ab OR 'anxiety therapy'/de OR 'depression therapy'/de OR 'telepsychiatry' OR 'telepsychology' OR 'telepsychiatr*':ti,ab OR (('internet' OR 'virtual' OR 'remote' OR 'electronic' OR 'computerized' OR 'computerized') AND ('CBT')):ti,ab | 58,827 |
| #4: Combination | (#2 AND #3) OR (#1 AND #2 AND #3) | 3,505 |
| #5: Exclusions | #4 NOT ('PTSD' OR 'post traumatic stress disorder' OR 'post-traumatic stress disorder' OR 'schizophrenia' OR 'phobia' OR 'psychosis' OR 'dementia' OR 'chronic pain' OR 'postpartum' OR 'prenatal' OR 'perinatal' OR 'peripartum' OR 'pregnancy' OR 'menopaus*' OR 'cancer' OR 'HIV' OR 'coronary heart disease' OR 'coronary artery disease' OR 'stroke' OR 'heart failure' OR 'adolescen*'):ti,ab | 2,478 |
| #6: Study Type Exclusions | #5 NOT ('case report'/it OR 'case report':ti,ab OR 'comment'/it OR 'editorial'/it OR 'letter'/it OR 'clinical trial protocol'/it) | 2,456 |
| #7: Human Studies | #6 NOT (('animal'/exp OR 'nonhuman'/exp OR 'animal experiment'/exp OR 'animal model'/exp OR 'in vitro study'/de) NOT 'human'/exp) | 2,445 |
| #8: Abstract Exclusions | #7 NOT 'conference abstract'/it | 2,038 |
| #9: Date Filter | Filter 2018-2024 | 1,516 |
| #10: Language Filter | Filter Language: English | 1,493 |
| Conference abstracts | | |
| #11: Abstract Inclusion | #7 AND 'conference abstract'/it | 415 |
| #12: Date Filter | Filter 2021-2024 | 202 |
| #13: Language Filter | Filter Language: English | 202 |
| #14: Combination | #10 OR #13 | 1,695 |

Table 3. PICOS Inclusion and Exclusion Criteria

| Criteria | Inclusion criteria | Exclusion criteria |
|-----------------|--|--|
| Population | <ul style="list-style-type: none"> Adults (≥18 years) with anxiety symptoms and/or depressive symptoms as reported in a validated measure or clinician judgement^a Adults (≥18 years) with a clinical diagnosis of generalized anxiety disorder (GAD) as defined by DSM-5 Adults (≥18 years) with a clinical diagnosis of major depressive disorder (MDD) as defined by DSM-5 | <ul style="list-style-type: none"> Patients with other subcategories of anxiety and/or depressive disorders as specified in DSM-5^{b,c} Patients with any other mental health disorder as categorized by DSM-5^d Patients <18 years of age Patients with a self-determined diagnosis of GAD and/or MDD Anxiety and/or depression secondary to another condition (e.g. pregnancy, physical condition, injury/trauma, substance use disorders) Severe anxiety symptoms and/or depressive symptoms^e |
| Subgroup | <ul style="list-style-type: none"> Race/Ethnicity, sex, age ≥65 years, urban/rural location, and LGBTQ+^f | <ul style="list-style-type: none"> Interventions used in context of specialized psychiatric care Dyadic or group therapy |
| Intervention(s) | <ul style="list-style-type: none"> Cognitive Behavioral Therapy (CBT)-based digital therapy including a human therapist/coach and/or app-based solution with artificial intelligence (e.g., app-based messaging, educational modules, etc.) See Table 4 for included CBT-based therapy terms. | <ul style="list-style-type: none"> DHTs used to diagnose anxiety and/or depression only Interventions used in context of specialized psychiatric care Dyadic or group therapy |
| Comparator(s) | <p>Usual Care</p> <ul style="list-style-type: none"> One-on-one provider-patient in-person or virtual therapy with or without pharmacological therapy Pharmacological therapy/use only | N/A |
| Outcomes | <p>Primary Clinical Outcomes</p> <p><i>Depression</i></p> <ul style="list-style-type: none"> Change over time and between-group differences in depression symptoms using validated, self-reported scales, including: <ul style="list-style-type: none"> Patient Health Questionnaire (PHQ-9) Beck Depression Inventory Depression Anxiety Stress Scales-21 Hamilton Rating Scale for Depression Quick Inventory of Depressive Symptomatology Montgomery-Åsberg Depression Rating Scale <p><i>Anxiety</i></p> <ul style="list-style-type: none"> Change over time and between-group differences in anxiety symptoms using validated, self-reported scales, including: <ul style="list-style-type: none"> Generalized Anxiety Disorder-7 (GAD-7) Beck Anxiety Inventory Hamilton Anxiety Rating Scale Patient-Reported Outcomes Measurement Information System Hospital Anxiety and Depression Scale Depression Anxiety Stress Scales-21 Penn State Worry Questionnaire | N/A |

| | | |
|---------------------|---|--|
| | <p>Secondary Clinical Outcomes</p> <ul style="list-style-type: none"> Score change over time in validated outcome measures of Psychosocial Functioning (including various measures reported by the studies) Score change over time using Work Productivity and Activity Impairment (WPAI) <p>Safety</p> <ul style="list-style-type: none"> Adverse events Crisis events, e.g., suicide attempts <p>User experience</p> <ul style="list-style-type: none"> Engagement <ul style="list-style-type: none"> Sessions (e.g., number completed, mean weeks met with a therapist, average duration) Communications (e.g., responses, total contacts, texts/messages sent, average duration) App usage (e.g., features used, modules/activities/lessons/exercises completed, completed weekly measures) Other (e.g., days to drop out, dose received, D-WAI/WAI-tech) Satisfaction/Usability <p>Health equity</p> <ul style="list-style-type: none"> Access and accessibility Distribution | |
| Study Design | <ul style="list-style-type: none"> Randomized controlled trials and non-randomized controlled trials Observational studies SLRs⁹ | <ul style="list-style-type: none"> Editorials, commentaries, study protocols, reviews, and case reports, narrative reviews ≤ 20 study participants |
| Setting | <ul style="list-style-type: none"> Outpatient setting United States | <ul style="list-style-type: none"> Inpatient setting Residential programs Outside of United States |
| Data Sources | <ul style="list-style-type: none"> EMBASE and MEDLINE (via PubMed) <p>Conferences</p> <ul style="list-style-type: none"> American Psychological Association Anxiety and Depression Association of America | N/A |
| Date of Publication | <ul style="list-style-type: none"> Databases: 2018 to 2024 Conferences: 2021 to 2024 | N/A |
| Language | <ul style="list-style-type: none"> English | N/A |

Notes: CBT = cognitive behavioral therapy. DHT = digital health technology. D-WAI/WAI-tech = Digital Working Alliance Inventory. N/A = not applicable. SLR = systematic literature review. ^a The SLR excluded study populations with subclinical symptoms that did not meet at least mild disease (e.g., PHQ-9 ≥5, GAD-7 ≥5) to provide comparability across studies and to capture sufficient disease symptoms that allow for meaningful changes in disease status. ^b Disruptive mood dysregulation disorder; Persistent depressive disorder; Premenstrual dysphoric disorder; Substance/medication-induced depressive disorder; depressive disorder due to another medical condition; Other specified depressive disorder; Unspecified depressive disorder. ^c Separation anxiety disorder; Selective mutism; Specific phobia; Social anxiety disorder; Panic disorder; Agoraphobia; Substance/medication-induced anxiety disorder; Anxiety disorder due to another medical condition; Other specified anxiety disorder; Unspecified anxiety disorder. ^d Neurodevelopmental disorders; Schizophrenia spectrum and other psychotic disorders; Bipolar and related disorders; Obsessive-compulsive disorders; Trauma- and stressor-related disorders; Dissociative disorders; Somatic symptoms and related disorders; Feeding and eating disorders; Elimination disorders; Sleep-wake disorders; Sexual dysfunction; Gender dysphoria; Disruptive, impulse-control, and conduct disorders; Substance-related and addictive disorders; Neurocognitive disorders; Personality disorders; Paraphilic disorders; Other mental health disorders. ^e Applies to studies including only patients with severe symptoms. We will retain studies for mixed populations including severe patients (i.e. mild-to-severe or moderate-to-severe). ^f No studies reported analyses based on LGBTQ+ subgroups. ^g SLRs are included for manual reference checks only for studies published between 2018 to 2024 and will not be included in the qualitative evidence synthesis.

Table 4. Cognitive Behavioral Therapy Based Therapy Terms

| Include | Exclude |
|---|-----------------------------------|
| Acceptance and commitment therapy | Multimodal therapy |
| Behavioral activation therapy | Reality therapy/choice theory |
| Behavioral momentum | Cognitive processing therapy |
| Blended-care cognitive behavioral therapy / Cognitive behavioral therapy-based blended care | Metacognitive therapy / training |
| Cognitive behavioral coaching | Rational emotive behavior therapy |
| Cognitive behavioral interventions | Cognitive bias modification |
| Cognitive therapy | |
| Cognitive restructuring | |
| Cognitive emotional training | |
| Dialectical behavior therapy | |
| Digital cognitive behavioral therapy | |
| Emotional processing | |
| Exposure therapy (gradual/imaginal) | |
| Internet-delivered cognitive behavioral therapy (iCBT) | |
| Interpersonal psychotherapy | |
| Mindfulness-Based Stress Reduction | |
| Mindful awareness | |
| Mindfulness-Based Cognitive Therapy | |
| Unified protocol (unified treatment protocol) | |
| Relaxation/mindfulness therapy (relaxation-based strategies) | |
| Problem solving treatments (stress management) | |
| Eye movement desensitization and reprocessing | |

Screening

All publications identified by the systematic literature searches were reviewed against the predefined selection criteria (Table 3). Study selection followed a two-stage screening process based on the review of titles and abstracts (stage I) and full-text articles (stage II). Following completion of title/abstract review, all full texts of publications identified for inclusion during this stage were retrieved for further review. For conference abstracts without available associated posters and for database abstracts without a full text available, the report was screened based on the available information within the abstract. Title/abstract and full-text screening for each report were conducted by two independent investigators with any disagreements resolved by discussion with a third investigator, if needed.

All screening was conducted using Nested Knowledge software, which provides a platform where reports retrieved from the database searches can be organized and screened using customizable entry forms. During both screening stages, abstracts and articles were excluded if they had populations, interventions, outcomes, settings, study designs, or publication types that

were out of scope based on the PICOS criteria. Studies published in languages other than English were also excluded.

Data Extraction

Data were extracted by one investigator with quality assurance against the original source publication completed by another independent investigator. Table 5 lists the reported data captured for each included study.

Table 5. Data Collected

| |
|--|
| Study Information |
| Publication citation |
| Study identifier or trial name |
| Study design |
| Source of data |
| Timeframe of data collection |
| Follow-up duration |
| Definition of MCID for outcomes of interest |
| Patient Information |
| Sample size |
| Age, in years |
| Sex and/or Gender |
| LGBTQ+ status |
| Race/Ethnicity |
| Clinical diagnosis (GAD and/or MDD) |
| Duration of illness |
| Symptom severity (mild, moderate, mixed mild-to-severe) |
| Pharmacological treatment/therapy |
| Location (urban/rural) |
| Interventions |
| DHT intervention, including definition |
| Usual care, including definition |
| Unit of service (AI-enabled app or platform, web-application) |
| Outcomes^{a,b} |
| Primary Clinical Outcomes |
| <ul style="list-style-type: none"> Score change over time in validated outcome measures (including variable measures as reported by the studies), including MCID and statistical significance as available |
| Secondary Clinical Outcomes |
| <ul style="list-style-type: none"> Score change over time in validated measures of psychosocial functioning and workplace productivity (including variable measures as reported by the studies) Safety (adverse/crisis events, e.g., suicide attempts) |
| User experience |
| <ul style="list-style-type: none"> Engagement Satisfaction/Usability |

Health equity

- Access and accessibility
- Distribution
- Outcomes by subgroups of interest in context of health equity: race/ethnicity, gender, age, urban/rural, socioeconomic status

Notes: AI = artificial intelligence. CBT = cognitive behavioral therapy. DHT = digital health technology. GAD = generalized anxiety disorder. MCID = minimally clinically important difference. MDD = major depressive disorder.

^a Will include mean, median, and/or effect estimates as reported, along with corresponding uncertainty measures (e.g., 95% confidence interval), and clinically important differences achieved. ^b If outcomes are reported across multiple timepoints, results will be captured separately.

Evidence Quality Assessment

All included randomized controlled trials (RCTs) were assessed for potential bias using the Cochrane Collaboration Risk of Bias in Randomized Trials Version 2 (RoB2).¹ The RoB2 includes a maximum of 22 questions that considers the following domains:

Domain 1: Risk of bias arising from the randomization process

Domain 2: Risk of bias due to deviations from the intended interventions (effect of assignment or adherence to intervention)

Domain 3: Missing outcome data

Domain 4: Risk of bias in measurement of the outcome

Domain 5: Risk of bias in selection of the reported result

Possible ROB2 ratings are shown in Table 6.

Table 6. Risk of Bias Categories for RoB2

| Rating | Criteria |
|-------------------|---|
| Low risk of bias | The trial is judged to be at low risk of bias for all domains for this result. |
| Some concerns | The trial is judged to raise some concerns in at least one domain for this result, but not to be at high risk of bias for any domain. |
| High risk of bias | The trial is judged to be at high risk of bias in at least one domain for this result. OR The trial is judged to have some concerns for multiple domains in a way that substantially lowers confidence in the result. |

Notes. RoB2 = risk of bias in randomized trials version 2.

Non-randomized / observational studies were assessed using the Newcastle-Ottawa Scale (NOS).² Studies were evaluated for multiple criteria within 3 categories: selection of groups, comparability of groups, and either exposure or outcome, depending on the type of study. Possible NOS ratings are shown in Table 7.

Table 7. Risk of Bias Rating Using NOS

| Rating | Description |
|--------|--|
| ++ | All or most of the checklist criteria have been fulfilled, where they have not been fulfilled the conclusions are very unlikely to alter. |
| + | Some of the checklist criteria have been fulfilled, where they have not been fulfilled or not adequately described, the conclusions are unlikely to alter. |
| - | Few or no checklist criteria have been fulfilled and the conclusions are likely or very likely to alter. |

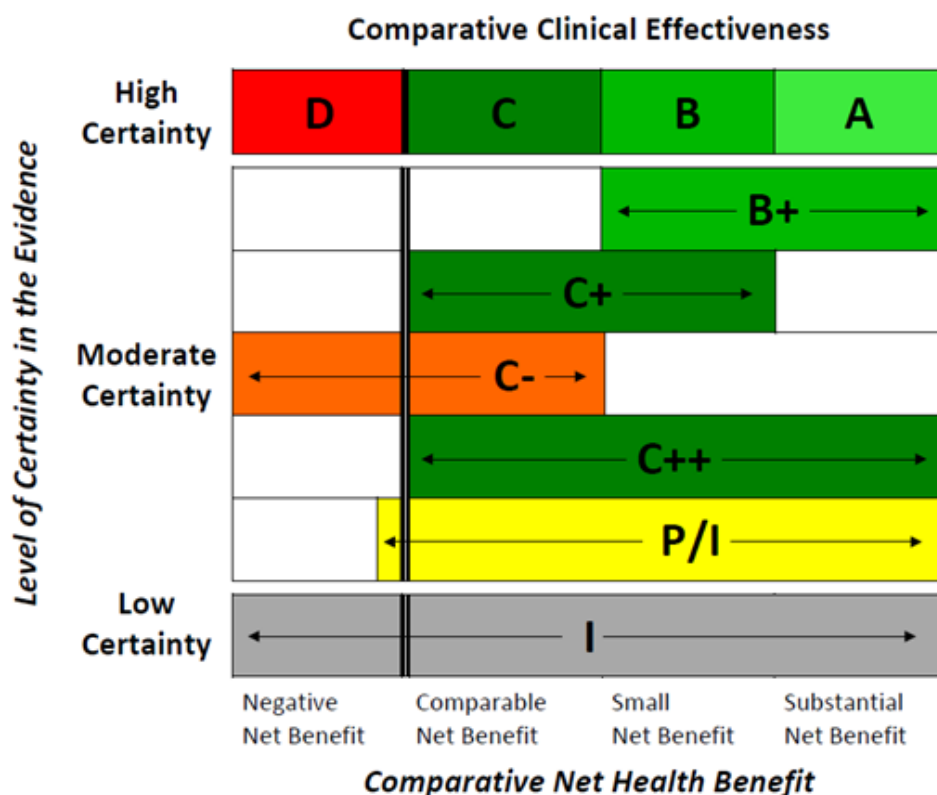
Notes. NOS = Newcastle Ottawa Scale.

For ease of interpretation, scales from the two Risk of Bias tools were converted to a single scale: Low, Moderate, High. “Low” refers to original ratings of “Low Risk of Bias” (ROB2) or “Good Study Quality” (NOS); “Moderate” refers to original ratings of “Some Risk of Bias” (ROB2) or “Fair Study Quality” (NOS); “High” refers to original ratings of “High Risk of Bias” (ROB2) or “Poor Study Quality” (NOS).

ICER-PHTI Assessment Framework Evidence Standards: The body of research that comprised the clinical effectiveness section was assessed against the minimum evidence requirements set forth in the ICER-PHTI framework based on the level of risk that the digital intervention presents to a user. The interventions in this assessment qualify as Tier 3 according to the ICER-PHTI Assessment Framework because they are professionally directed therapeutic services used in consultation with a medical professional. While best research methods call for a randomized controlled trial, given the limited risk of harm to patients from these solutions, this assessment considers all identified evidence and prioritizes any evidence meeting the minimum standards for Tier 3, which includes a relevant comparator.

ICER Evidence Rating Matrix: The body of evidence for each digital solution approach was evaluated based on effectiveness and safety that followed the ICER Evidence Rating Matrix™ (see Figure 1).

Figure 1. The ICER Evidence Rating Matrix™



- **A = “Superior”** – High certainty of a substantial (moderate-large) net health benefit
- **B = “Incremental”** – High certainty of a small net health benefit
- **C = “Comparable”** – High certainty of a comparable net health benefit
- **D= “Negative”** – High certainty of an inferior net health benefit
- **B+= “Incremental or Better”** – Moderate certainty of a small or substantial net health benefit, with high certainty of at least a small net health benefit
- **C+ = “Comparable or Incremental”** – Moderate certainty of a comparable or small net health benefit, with high certainty of at least a comparable net health benefit
- **C- = “Comparable or Inferior”** – Moderate certainty that the net health benefit is either comparable or inferior, with high certainty of at best a comparable net health benefit
- **C++ = “Comparable or Better”** – Moderate certainty of a comparable, small, or substantial net health benefit, with high certainty of at least a comparable net health benefit
- **P/I = “Promising but Inconclusive”** – Moderate certainty of a small or substantial net health benefit, small likelihood of a negative net health benefit
- **I = “Insufficient”** – Any situation in which the level of certainty in the evidence is low

Evidence Evaluation Approach

The evaluation approach is informed by expert advisors in the healthcare space, clinical advisors, and patients with a goal of producing meaningful evaluations that inform purchasing decisions.

Comparative Studies

Virtual Solutions for Depression and Anxiety: All the solutions evaluated deliver asynchronous, digital content that can be used instead of or in addition to live therapy or other outpatient treatment. The solutions vary in the composition of the solution offerings and the primary purchaser of the solution: (1) CBT-based digital programs sold directly to employers or health plans, (2) FDA-approved digital therapies sold to providers and must be prescribed to patients, and (3) integrated clinician-guided care, including one-on-one therapy, with digital programs sold directly to employers or health plans.

Comparator Interventions: Virtual solutions for depression and anxiety were examined in two distinct groups within the clinical evidence: (1) study populations where participants received usual care as some form of psychotherapy at baseline or where baseline psychotherapy status was not reported and (2) study populations where participants were explicitly excluded from receiving psychotherapy at baseline. Usual care or “treatment as usual” included a range of treatment options (e.g., medication, psychotherapy, primary care management), but it should be noted that studies conducted in primary care settings were not automatically assigned to the usual care category, as several studies conducted in primary care studies^{3,4,5} specifically excluded patients receiving psychotherapy at baseline. Similarly, waitlist control methodology did not determine classification, as some waitlist control arms included patients who were receiving psychotherapy at baseline.^{6,7,8} Across both groups the use of mental health medications is mixed. This assessment prioritizes studies that include comparators over single-arm studies to understand the incremental impact of digital interventions relative to usual care for improving symptoms.

Clinical Outcomes: The primary clinical outcomes of clinical effectiveness are change in depression and anxiety symptoms using validated measures (e.g., PHQ-9, GAD-7). Secondary clinical outcomes described in the evidence include patient-reported measures of psychosocial functioning and workplace productivity, and safety.

Comparator Studies Data: Among comparator studies that included more than one patient sample (e.g., symptom severity at baseline, anxiety or depression), the most complete data across all study articles was selected for interpretation of the findings. For studies missing between-group differences data points (e.g., between-group difference in change from baseline): values were calculated based on data provided in the study articles or, when figures or graphs were provided, digitized data values were obtained. Between-group comparison values were based on differences in change from baseline when reported or calculation was possible. Averages were weighted by the count of patients in the study.

Minimally Important Clinical Differences (MCID): Based upon the input of our clinical advisors, guidance from within studies, and external references, the report defines the MCID threshold at a 5-point reduction in PHQ-9 scores from baseline for depression and a 4-point reduction in GAD-7 scores from baseline for anxiety. We apply MCID on the average score improvement across participants in each study arm for evaluating study findings, but also consider statistical significance.

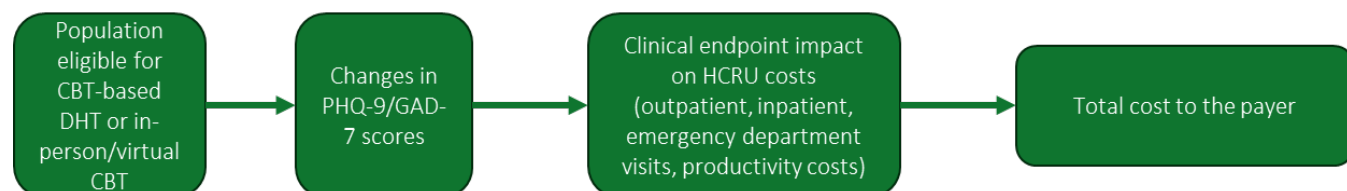
User Experience and Health Equity: To be clinically effective, virtual solutions for depression and anxiety must engage patients and deliver strong user experience. The assessment includes data on patients' user experience, satisfaction, and engagement with the solutions. In addition, patient sociodemographic characteristics were used to better understand how the solutions performed in different patient subgroups.

Economic Assessment

PHTI developed a de novo budget impact analysis for virtual solutions for US adults with depression and anxiety. The time horizon is 1 year. A hypothetical US health plan with 1,000,000 members where eligible patients initiated a virtual solution compared to usual care or no treatment and were followed until the end of the time horizon.

The budget impact model schematic is presented in Figure 2. Based on available data, the base case model focuses on the impact on direct healthcare resource use (HCRU) costs via a change in PHQ-9 and GAD-7 scores. Further details on cost inputs are presented below.

Figure 2: Budget Impact Model Schematic



Notes: CBT = cognitive behavior therapy; DHT = digital health technology; GAD-7 = Generalized Anxiety Disorder-7; HCRU = healthcare resource use; PHQ-9 = in Patient Health Questionnaire-9.

Intervention: The interventions in the budget impact analysis were hypothetical virtual solutions for treating depression and anxiety based on the three solution categories: self-guided solutions, prescription digital therapeutics, and blended care solutions.

Comparator: The comparators for this analysis were usual care defined as a typical treatment episode of CBT psychotherapy or no psychotherapy treatment.

Key Inputs: The model includes four primary components: (1) eligible population, (2) usual care costs, (3) reduced costs from health improvements, (4) technology price, and (5) participation rates. Inputs to the budget model are summarized in Table 8.

Table 8: Summary of Model Inputs

| Category | Parameter | Commercial | Medicare | Medicaid |
|-----------------------------------|--|---|----------|----------|
| Eligible Population | No Psychotherapy | 73,513 | 50,391 | 61,527 |
| | Usual Care | 95,333 | 66,665 | 79,703 |
| Usual Care Costs | Psychotherapy Sessions (annual average) | 4.7 | | |
| | Annual Cost (CPT code 90791, CPT code 90834) | \$657 | | \$532 |
| Health Savings (No Psychotherapy) | Self-Guided Solutions | \$754 | \$441 | \$289 |
| | Blended-Care Solutions | \$994 | \$574 | \$382 |
| Health Savings (Usual Care) | Self-Guided Solutions | \$575 | \$324 | \$221 |
| | Prescription Digital Therapeutics | \$643 | \$358 | \$247 |
| | Blended-Care Solutions | \$961 | \$536 | \$369 |
| Technology Price | Self-Guided Solutions | \$24 per member per year (\$2 per member per month) | | |
| | Prescription Digital Therapeutics | \$280 per user per year | | |
| | Blended-Care Solutions | \$72 per member per year (\$6 per member per month); additional \$792 per engaged user per year for therapy | | |
| Participation Rate | Self-Guided Solutions | 25% | | |
| | Prescription Digital Therapeutics | 25% | | |
| | Blended-Care Solutions | 50% | | |

Notes: CPT = Current Procedural Terminology.

Results: The budget impact analysis reports the following results across commercial, Medicare, and Medicaid populations:

- Total costs for virtual solutions, usual care, and no psychotherapy scenarios
- Incremental cost per user per month (PUPY)
- Incremental cost per member per month (PMPM)

Scenario Analysis: The model includes an alternative scenario using full Employee Assistance Program (EAP) replacement pricing assumptions. The scenario analysis assumes the price of blended care solutions at \$4 per member per month and an average utilization pricing of \$66 per engaged user per month for 12 months of billing. An additional scenario analysis was conducted assuming only half of the blended care solution will access therapy services through the solution, and the remaining users will engage with the digital content but continue to receive psychotherapy from outside providers. The model estimates the same average monthly solution price of \$6 per member per month, but a lower added session utilization cost of \$396 per engaged user per year.

Model Assumptions and Limitations:

- The base case population is depression and anxiety which is categorized into 3 subpopulations: depression and anxiety, anxiety only, and depression only.
- Changes in GAD-7 or PHQ-9 for each arm, informed by clinical data sources, are assumed to stay constant for the duration of the budget impact time horizon to estimate costs. This may over- or underestimate costs.
- Annual HCRU and productivity costs are applied based on disease severity. The model assumes the reported costs from the literature apply to the mid-point estimate of the GAD-7 and PHQ-9 score ranges for each level of severity for depression and anxiety, respectively.
 - Using these estimates across severity levels (none, mild/moderate, and severe, for anxiety; mild, moderate, moderately severe, and severe for depression), the model assumes a linear estimation of annual HCRU and productivity costs based on resulting GAD-7 and PHQ-9 scores, informed by the clinical studies for each arm
- Where needed, health plan-specific costs were derived by multiplying costs identified in the literature by published Medicare to Medicaid and Medicare to Commercial cost ratios⁹
 - For psychotherapy, costs were converted from the Medicare perspective using therapy-specific reimbursement ratios, based on published literature¹⁰¹¹
- The model assumes 25% of people with symptoms of depression and anxiety could elect to use a self-guided solution for their care, 25% of people could receive a Prescription Digital Therapeutic (PDT) prescription through their provider, and a higher participation rate of 50% of people would elect to use a blended care solution for their care
 - The model also assumes that all blended care users will begin receiving therapy through the app rather than through outside providers

Analysis Inputs

Patient Population: The eligible patient population for the analysis was US adults with depression and anxiety. Depending on the intervention approach, patients are either actively treated for their depression and anxiety or not otherwise receiving treatment. Prevalence of depression and anxiety was taken from Centers for Disease Control and Prevention (CDC)

Survey data¹², where the prevalence of anxiety, depression, and total prevalence of anxiety or depression is presented. The model assumed the prevalence of anxiety only or depression only to be equal to the reported total prevalence of anxiety or depression minus the prevalence of the other condition. The prevalence of concurrent depression and anxiety was calculated as the reported total prevalence of anxiety or depression, minus the calculated prevalences of anxiety only and depression only. Patient population inputs are presented in Table 9.

Table 9: Eligible Population Inputs

| Criteria | Commercial | Medicare | Medicaid | Source |
|--|------------|-----------|-----------|---|
| Plan population | 1,000,000 | 1,000,000 | 1,000,000 | Assumption |
| Proportion of plan that is adults | 78.9% | 99.2% | 48.7% | ACS ¹³ |
| Prevalence, anxiety and depression | 10.1% | 5.0% | 13.7% | Adapted from CDC data ¹⁴ |
| Prevalence, anxiety only | 7.5% | 3.7% | 10.2% | |
| Prevalence, depression only | 3.8% | 3.1% | 5.1% | |
| Proportion treated, anxiety and depression | 69.3% | 69.3% | 69.3% | Weisberg et al. 2014 ¹⁵ |
| Proportion treated, anxiety | 36.9% | 36.9% | 36.9% | ADAA ¹⁶ |
| Proportion treated, depression | 61.0% | 61.0% | 61.0% | ADAA ¹⁷ |
| Proportion untreated, anxiety and depression | 30.7% | 30.7% | 30.7% | Calculated as 100% - proportion treated |
| Proportion untreated, anxiety | 63.1% | 63.1% | 63.1% | |
| Proportion untreated, depression | 39.0% | 39.0% | 39.0% | |

Notes: ACS = American Community Survey. ADAA = Anxiety and Depression Association of America.

Cost: Cost inputs for HCRU costs and psychotherapy visits for the budget impact analysis were informed by a pragmatic literature review. Cost inputs were inflated to 2024 US dollars using the annual Consumer Price Index for medical care.¹⁸ For each perspective, Commercial to Medicare¹⁹ and Medicare to Medicaid²⁰ payment rate conversions for outpatient services were applied to the HCRU source cost to reflect the cost input for each payer perspective. For psychotherapy visits, costs were converted from the Medicare perspective using therapy-specific reimbursement ratios, based on published literature.^{21,22} These ratios are presented in Table 10.

Table 10: Health Plan Cost Conversions

| Health Plan | Outpatient Services | Psychotherapy |
|------------------------|---------------------|--------------------|
| Medicare to Commercial | 182% ²³ | 100% ²⁴ |
| Medicare to Medicaid | 70% ²⁵ | 81% ²⁶ |

Notes: CBT = cognitive behavioral therapy.

Usual Care: Usual care is characterized by psychotherapy visits. The number of visits for usual care is informed by published literature which reported that patients had a mean of 9.4 visits over 13.1 weeks, which is assumed to be representative of a typical CBT treatment episode.²⁷

Clinical evidence about virtual solutions showed that within usual care groups, about half of patients are receiving psychotherapy at baseline. Thus, the model assumes 4.7 sessions (50%) per person in usual care. For self-guided and PDT solution users, the model assumes the cost of usual care psychotherapy is added onto the cost of the solution. Whereas all users of blended care solutions are assumed to switch to receiving psychotherapy within the solution and no users would continue to receive outside psychotherapy sessions. The costs of psychotherapy visits were informed by the Centers for Medicare and Medicaid Services (CMS) Physician Fee Schedule and are presented in Table 11.²⁸ Total annual spending on therapy for people receiving usual care is estimated at \$657 in Medicare and commercial, and \$532 in Medicaid.

Table 11: Psychotherapy Usual Care Costs

| Component | Unit Cost | CPT Code |
|--|-----------|----------|
| Intake appointment and diagnostic evaluation | \$172.10 | 90791 |
| Psychotherapy session | \$103.19 | 90834 |

Notes: CPT = Current Procedural Terminology.

Virtual Solution Program Costs: Program costs for each solution category are described below.

- Self-guided solutions: Pricing information from market analytic reports estimated these solutions cost about \$2 per member per month or less. The model assumes an average monthly solution price of \$2 per member per month, or \$24 per member per year, with no variation across plan type and covered for the entire one-million-member plan.
- Prescription Digital Therapeutics: Beginning January 1, 2025, CMS established three new payment codes that will enable reimbursement for FDA-cleared PDTs.²⁹ The initial code covers the supply of the device (i.e., software). The subsequent two codes will cover reimbursement to the provider for treatment management services on a monthly basis. Publicly available pricing for PDTs currently range between \$200 to \$400.^{30,31} The model assumes the low end of the range at an annual reimbursement rate of \$200 for the device supply and \$40 per month for two months of billing of treatment management per user for a single treatment episode of anxiety and depression
- Blended Care solutions: Based on market analysis reports, vendor-supplied pricing, and published return on investment reports, per member per month prices average about \$6 across the entire plan membership. Companies report that those who engage with the solution typically use about 6 to 8 sessions, including a mix of coaching and therapy. Prices for coaching sessions average \$84 and therapy sessions average \$143. Therefore, for blended care solutions the model assumes an average monthly solution price of \$6 per member per month, or \$72 per year, and an added cost of \$792 per engaged user per year, based on an average utilization of 7 sessions.

Healthcare Resource Use and Productivity Costs: Annual HCRU and productivity costs are applied based on disease severity from real-world studies in depression and anxiety.^{32,33} The model assumes the reported costs apply to the mid-point estimate of the GAD-7 and PHQ-9

score ranges from the studies for each level of depression and anxiety severity, respectively. These costs are presented in Table 12.

Table 12: Annual HCRU and Productivity Costs for Depression and Anxiety by Severity

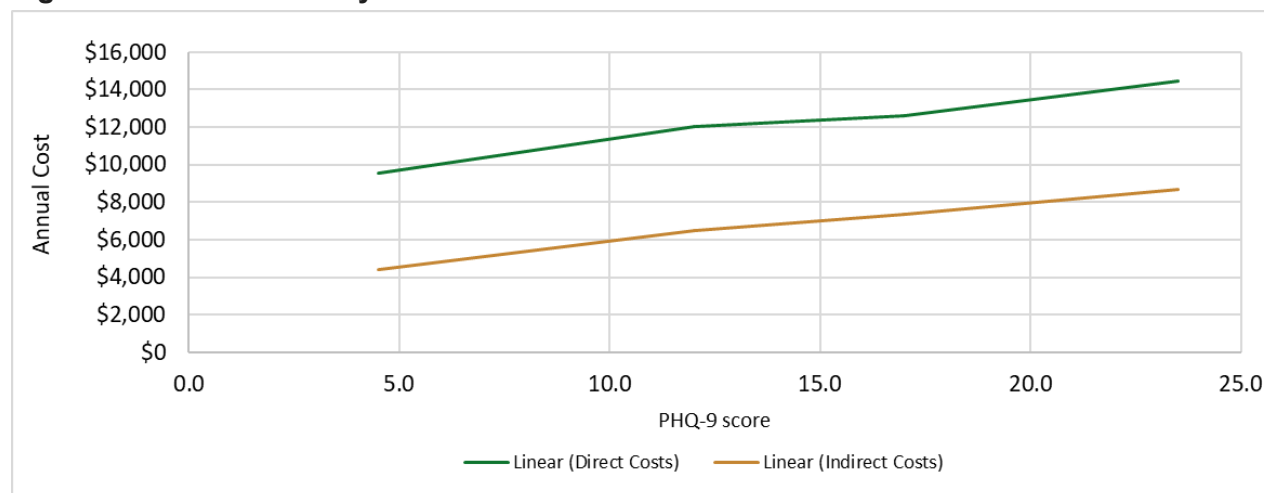
| Anxiety Costs | | | | Depression Costs | | | |
|---------------|-----------------|------------|--------------------|-------------------|-----------------|------------|--------------------|
| Severity | GAD-7 mid-point | HCRU costs | Productivity costs | Severity | PHQ-9 mid-point | HCRU costs | Productivity costs |
| None | 2.0 | \$7,175 | \$7,933 | Minimal/Mild | 4.5 | \$8,220 | \$4,490 |
| Mild-moderate | 9.5 | \$8,061 | \$10,400 | Moderate | 12.0 | \$10,353 | \$6,537 |
| Severe | 18.0 | \$11,067 | \$10,058 | Moderately Severe | 17.0 | \$10,819 | \$7,438 |
| | | | | Severe | 23.5 | \$12,433 | \$8,797 |

Notes: GAD-7 = Generalized Anxiety Disorder-7; HCRU = healthcare resource use; PHQ-9 = Patient Health Questionnaire-9.

The model assumes a linear relationship between costs and GAD-7 and PHQ-9 point estimates, which is presented visually in Figure 3 and Figure 4. HCRU and productivity costs were applied based on resulting PHQ-9 and GAD-7 scores for the virtual solution and usual care arms, informed by the relevant clinical studies. Resulting scores determined which linear equation was used to inform annual costs. For example, if patients in a treatment arm had a resulting GAD-7 of 8, the slope and intercept to derive their costs would be informed by the assumed linear relationship between the none (GAD-7=2.0) and mild-moderate (GAD-7=9.5) severity levels for each cost.

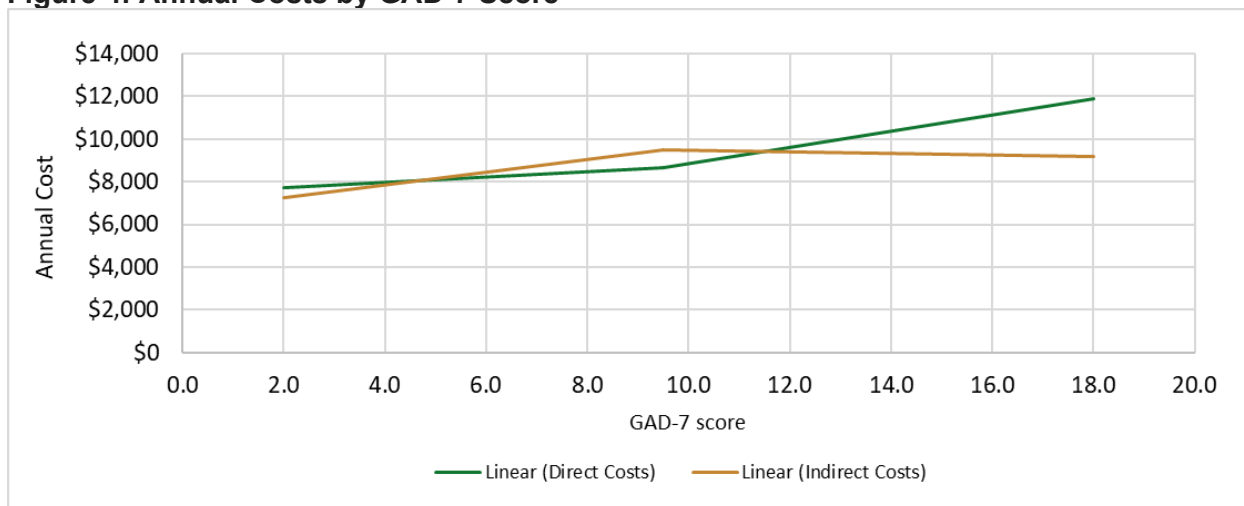
The slopes of the derived linear equations can be found in Table 13. The slopes can be interpreted as the change in HCRU or productivity costs based on a 1-point increase in GAD-7 or PHQ-9 score.

Figure 3: Annual Costs by PHQ-9 Score



Notes: PHQ-9 = Patient Health Questionnaire-9.

Figure 4: Annual Costs by GAD-7 Score



Notes: GAD-7 = Generalized Anxiety Disorder-7.

Table 13: Difference in Annual Costs Based on 1-point Increase in GAD-7 or PHQ-9

| Condition | Severity | Plan | HCRU Costs | Productivity Costs |
|------------|--|------------|------------|--------------------|
| Anxiety | Between none and mild-moderate (GAD-7 <9.5) | Commercial | \$127 | \$300 |
| | | Medicare | \$70 | \$57 |
| | | Medicaid | \$49 | \$215 |
| | Between mild-moderate and severe moderate (GAD-7 ≥9.5) | Commercial | \$380 | -\$37 |
| | | Medicare | \$209 | -\$7 |
| | | Medicaid | \$146 | -\$26 |
| Depression | Between mild and moderate (PHQ-9 <12) | Commercial | \$331 | \$270 |
| | | Medicare | \$182 | \$50 |
| | | Medicaid | \$127 | \$194 |
| | Between moderate and moderately severe (PHQ-9 <17) | Commercial | \$108 | \$178 |
| | | Medicare | \$60 | \$33 |
| | | Medicaid | \$42 | \$128 |
| | Between moderately severe and severe (PHQ-9 ≥17) | Commercial | \$289 | \$207 |
| | | Medicare | \$159 | \$38 |
| | | Medicaid | \$111 | \$148 |

Notes: GAD-7 = Generalized Anxiety Disorder-7. PHQ-9 = Patient Health Questionnaire-9.

Productivity costs are included as a scenario analysis and are not adjusted by plan given that productivity costs aren't incurred by a payer. Additionally, productivity costs are adjusted by the proportion of the population that are employed. For commercial, Medicare, and Medicaid, this is assumed to be 85.0%³⁴, 15.8%³⁵, and 61.0%³⁶, respectively.

Clinical Inputs: Treatment effectiveness in terms of change in GAD-7 and PHQ-9 from baseline was informed by clinical studies from the systematic literature review of primary outcomes and

estimates weighted average within group changes from baseline for each virtual solution approach and corresponding usual care or no psychotherapy control arms. Inputs used in the model are presented in Table 14 and Table 15. The corresponding clinical score is used to inform annual HCRU and productivity cost.

Table 14: Weighted Average Reductions for Depression

| Treatment Arm/Approach | Baseline PHQ-9 | | Reduction in PHQ-9 | | Resulting PHQ-9 | |
|--|----------------|---------|--------------------|---------|-----------------|---------|
| | DHT | Control | DHT | Control | DHT | Control |
| Self-Guided Solutions | | | | | | |
| No Psychotherapy | 14.9 | 14.9 | 6.9 | 3.1 | 8.0 | 11.8 |
| Usual Care | 12.1 | 12.0 | 4.6 | 2.5 | 7.5 | 9.5 |
| Prescription Digital Therapeutics | | | | | | |
| Usual Care | 15.4 | 14.9 | 5.9 | 3.7 | 9.5 | 11.2 |
| Blended-Care Solutions | | | | | | |
| No Psychotherapy | 15.0 | 14.9 | 7.7 | 3.1 | 7.5 | 10.8 |
| Usual Care | 14.2 | 12.5 | 5.9 | 2.6 | 7.3 | 11.9 |

Notes: DHT = digital health technology. PHQ-9 = Patient Health Questionnaire-9. Differences may not sum due to rounding.

Table 15: Weighted Average Reductions for Anxiety

| Treatment Arm/Approach | Baseline GAD-7 | | Reduction in GAD-7 | | Resulting GAD-7 | |
|--|----------------|---------|--------------------|---------|-----------------|---------|
| | DHT | Control | DHT | Control | DHT | Control |
| Self-Guided Solutions | | | | | | |
| No Psychotherapy | 11.7 | 11.6 | 4.6 | 2.5 | 7.1 | 9.2 |
| Usual Care | 10.8 | 10.7 | 3.5 | 2.1 | 7.3 | 8.6 |
| Prescription Digital Therapeutics | | | | | | |
| Usual Care | 13.3 | 13.5 | 5.6 | 3.4 | 7.6 | 10.1 |
| Blended-Care Solutions | | | | | | |
| No Psychotherapy | 12.5 | 11.6 | 6.2 | 2.5 | 6.2 | 9.8 |
| Usual Care | 13.0 | 10.3 | 5.5 | 1.9 | 5.9 | 9.6 |

Notes: DHT = digital health technology. GAD-7 = Generalized Anxiety Disorder-7. Differences may not sum due to rounding.

Appendix B – SLR Studies, Company-specific Clinical Citations and HCRU Data

Appendix B-1 – 130 Articles Included in the SLR

| Study Articles | Article Type | Study Category | Data Source | Full Reference |
|----------------------------|-----------------|----------------|---|---|
| Big Health | | | | |
| Carl 2020 | Full Text | I | Online Databases & Conference Proceedings | Carl, Jenna R., Christopher B. Miller, Alasdair L. Henry, et al., "Efficacy of Digital Cognitive Behavioral Therapy for Moderate-to-Severe Symptoms of Generalized Anxiety Disorder: A Randomized Controlled Trial," <i>Depression and Anxiety</i> 37, no. 12 (2020): 1168–1178. https://doi.org/10.1002/da.23079 |
| Hall 2024 [†] | Abstract/Poster | I | Online Databases & Conference Proceedings | Hall, Shana, Eileen Y. Wong, Dani Bradley, et al., "Efficacy and Safety of a Scalable App-Based Depression Program in Adults," poster presented at ADAA Annual Conference, Boston, MA, April 11–14, 2024. |
| Wong 2023 | Abstract/Poster | I | Online Databases & Conference Proceedings | Wong, Eileen Y., Nishat Bhuiyan, Alasdair L. Henry, et al., "Domains of Impairment in GAD: Improvements in Patient Generated Concerns After Digital CBT," poster presented at the Society for Digital Mental Health Annual Meeting, Virtual, June 20–21, 2023. |
| FDA, K233872, (Daylight) | 510(k) | I | Company-provided Data | FDA, K233872, (Daylight, Big Health), U.S Food & Drug Administration letter of response to Big Health, Inc. 510(k) premarket notification of intent for Daylight, August 1, 2024. https://www.accessdata.fda.gov/cdrh_docs/pdf23/K233872.pdf |
| Brightside Health | | | | |
| Belanger 2022a | Full Text | O | Online Databases & Conference Proceedings | Belanger, Heather G., and Mirène Winsberg. "Do Older Adults Benefit from Telepsychiatric Care: Comparison to Younger Adults," <i>Frontiers in Psychiatry</i> 13 (2022): 998401. https://doi.org/10.3389/fpsy.2022.998401 |
| Belanger 2022b | Full Text | O | Online Databases & Conference Proceedings | Belanger, Heather G., and Mirène Winsberg. "Exploring Social Determinants of Health: Comparing Lower and Higher Income Individuals Participating in Telepsychiatric Care for Depression," <i>Frontiers in Psychiatry</i> 13 (2023): 1026361. https://doi.org/10.3389/fpsy.2022.1026361 |
| Dario Health | | | | |
| Fundoiano-Hershcovitz 2023 | Full Text | O | Online Databases & Conference Proceedings | Fundoiano-Hershcovitz, Yifat, Inbar Breuer Asher, Marilyn D. Ritholz, et al., "Specifying the Efficacy of Digital Therapeutic Tools for Depression and Anxiety: Retrospective, 2-Cohort, Real-World Analysis," <i>Journal of Medical Internet Research</i> 25 (2023): e47350. https://doi.org/10.2196/47350 |
| Stoeckl 2023 | Abstract/Poster | O | Online Databases & Conference Proceedings | Stoeckl, S. E., R. Henry, and E. M. Boucher. "Race-Based Differences in Engagement and Outcomes in a Digital Mental Health Intervention," poster presented at the Anxiety and Depression Association of America Annual Conference, Washington, DC, 13–16, 2023. |

| Study Articles | Article Type | Study Category | Data Source | Full Reference |
|--------------------|-----------------|----------------|---|--|
| Ward 2022 | Abstract/Poster | O | Online Databases & Conference Proceedings | Ward, B. Haley, "Assessing the Effects of a Digital Mental Health Intervention in Older Adults with Real-World User Data." In Proceedings of the Anxiety and Depression Conference, Denver, CO, 2022. |
| Headspace | | | | |
| Abbott 2023 | Full Text | I | Online Databases & Conference Proceedings | Abbott, Deah, Caleb W. Lack, and Page Anderson. "Does Using a Mindfulness App Reduce Anxiety and Worry? A Randomized-Controlled Trial," <i>Journal of Cognitive Psychotherapy</i> 37, no. 1 (2023): 26–42. https://doi.org/10.1891/jcpsy-d-20-00058 |
| Kunkle 2020 | Full Text | O | Online Databases & Conference Proceedings | Kunkle, Sarah, Manny Yip, and Justin Hunt, "Evaluation of an On-Demand Mental Health System for Depression Symptoms: Retrospective Observational Study," <i>Journal of Medical Internet Research</i> 22, no. 6 (2020): e17902. https://doi.org/10.2196/17902 |
| Kunkle 2021 | Full Text | O | Online Databases & Conference Proceedings | Kunkle, Sarah, Manny Yip, Justin Hunt, et al., "Association Between Care Utilization and Anxiety Outcomes in an On-Demand Mental Health System: Retrospective Observational Study," <i>JMIR Formative Research</i> 5, no. 1 (2021): e24662. https://doi.org/10.2196/24662 |
| Shih 2022a | Full Text | O | Company-provided Data | Shih, Emily, Brandon S. Aylward, Sarah Kunkle, et al., "Health-Related Quality of Life Among Members Using an On-Demand Behavioral Health Platform: Pilot Observational Study," <i>JMIR Formative Research</i> 6, no. 7 (2022): e35352. https://doi.org/10.2196/35352 |
| Shih 2022b | Full Text | O | Company-provided Data | Shih, Emily, Brandon S. Aylward, Sarah Kunkle, et al., "Association Between Care Modality and Use with Treatment Response Among Members Accessing Virtual Mental Health Services: Real-World Observational Study," <i>JMIR Formative Research</i> 6, no. 7 (2022): e36956. https://doi.org/10.2196/36956 |
| Horwitz 2024 | Full Text | I | Online Databases & Conference Proceedings | Horwitz, Adam G., Elizabeth D. Mills, Srijan Sen, et al., "Comparative Effectiveness of Three Digital Interventions for Adults Seeking Psychiatric Services: A Randomized Clinical Trial," <i>JAMA Network Open</i> 7, no. 7 (2024): e2422115. https://doi.org/10.1001/jamanetworkopen.2024.22115 |
| Koa Health | | | | |
| Wilhelm 2024 | Full Text | I | Online Databases & Conference Proceedings | Wilhelm, Sabine, Emily E. Bernstein, Kate H. Bentley, et al., "Feasibility, Acceptability, and Preliminary Efficacy of a Smartphone App–Led Cognitive Behavioral Therapy for Depression Under Therapist Supervision: Open Trial," <i>JMIR Mental Health</i> 11, no. 1 (2024): e53998. https://doi.org/10.2196/53998 |
| Lyra Health | | | | |
| Das 2022 | Full Text | O | Online Databases & Conference Proceedings | Das, Smita, Jane Wang, Shih-Yin Chen, et al., "Telemental Health Collaborative Care Medication Management: Implementation and Outcomes," <i>Telemedicine and e-Health</i> 28, no. 7 (2022): 1035–1043. https://doi.org/10.1089/tmj.2021.0401 |

| Study Articles | Article Type | Study Category | Data Source | Full Reference |
|------------------|--------------|----------------|---|--|
| Espel-Huynh 2024 | Full Text | O | Company-provided Data | Espel-Huynh, Hallie M., Lu Wang, Emily G. Lattie, et al., "Clinical Effects of Asynchronous Provider-Guided Practice Sessions During Blended Care Therapy for Anxiety and Depression: Pragmatic Retrospective Cohort Study," <i>Journal of Medical Internet Research</i> 26 (2024): e60502. https://doi.org/10.2196/60502 |
| Grasso 2022 | Full Text | O | Company-provided Data | Grasso, Joseph R., Shih Yin Chen, and Renee Schneider, "Examining Changes in Presenteeism and Clinical Symptoms in a Workforce Mental Health Benefits Program," <i>Journal of Workplace Behavioral Health</i> 37, no. 4 (2022): 253–266. https://doi.org/10.1080/15555240.2022.2097087 |
| Lee 2025 | Full Text | O | Company-provided Data | Lee, Jennifer L., Shih-Yin Chen, Robert E. Wickham, et al., "Clinical Outcomes from Blended Care Therapy for Anxiety and Depression in the Year After Treatment," <i>Internet Interventions</i> 39 (2025): 100798. https://doi.org/10.1016/j.invent.2024.100798 |
| Lungu 2020 | Full Text | O | Online Databases & Conference Proceedings | Lungu, Anita, Janie Jihee Jun, Okhtay Azarmanesh, et al., "Blended Care-Cognitive Behavioral Therapy for Depression and Anxiety in Real-World Settings: Pragmatic Retrospective Study," <i>Journal of Medical Internet Research</i> 22, no. 7 (2020): e18723. https://doi.org/10.2196/18723 |
| Lungu 2022 | Full Text | O | Online Databases & Conference Proceedings | Lungu, Anita, Robert E. Wickham, Shih-Yin Chen, et al., "Component Analysis of a Synchronous and Asynchronous Blended Care CBT Intervention for Symptoms of Depression and Anxiety: Pragmatic Retrospective Study," <i>Internet Interventions</i> 28 (2022): 100536. https://doi.org/10.1016/j.invent.2022.100536 |
| Owusu 2022 | Full Text | O | Online Databases & Conference Proceedings | Owusu, Jocelynn T., Pam Wang, Robert E. Wickham, et al., "Real-World Evaluation of a Large-Scale Blended Care-Cognitive Behavioral Therapy Program for Symptoms of Anxiety and Depression," <i>Telemedicine and E-Health</i> (2022): 1412–1420. https://doi.org/10.1089/tmj.2021.0590 |
| Owusu 2023a | Full Text | O | Online Databases & Conference Proceedings | Owusu, Jocelynn T., Pam Wang, Robert E. Wickham, et al., "Blended Care Therapy for Depression and Anxiety: Outcomes Across Diverse Racial and Ethnic Groups," <i>Journal of Racial and Ethnic Health Disparities</i> 10, no. 6 (2023): 2731–2743. https://doi.org/10.1007/s40615-022-01450-z |
| Owusu 2023b | Full Text | O | Online Databases & Conference Proceedings | Owusu, Jocelynn T., Pam Wang, Robert E. Wickham, et al., "Outcomes of a Live Messaging, Blended Care Coaching Program Among Adults with Symptoms of Anxiety: Pragmatic Retrospective Cohort Study," <i>JMIR Formative Research</i> 7 (2023): e44138. https://doi.org/10.2196/44138 |
| Schneider 2020 | Full Text | O | Online Databases & Conference Proceedings | Schneider, Renee A., Shih Yin Chen, Anita Lungu, et al., "Treating Suicidal Ideation in the Context of Depression," <i>BMC Psychiatry</i> 20, no. 1 (2020): 497. https://doi.org/10.1186/s12888-020-02894-5 |

| Study Articles | Article Type | Study Category | Data Source | Full Reference |
|--------------------|--------------|----------------|---|--|
| Wu 2021a | Full Text | O | Online Databases & Conference Proceedings | Wu, Monica S., Shih-Yin Chen, Robert E. Wickham, et al., "Outcomes of a Blended Care Coaching Program for Clients Presenting with Moderate Levels of Anxiety and Depression: Pragmatic Retrospective Study," <i>JMIR Mental Health</i> 8, no. 10 (2021): e32100. https://doi.org/10.2196/32100 |
| Wu 2021b | Full Text | O | Online Databases & Conference Proceedings | Wu, Monica S., Robert E. Wickham, Shih-Yin Chen, et al., "Examining the Impact of Digital Components Across Different Phases of Treatment in a Blended Care Cognitive Behavioral Therapy Intervention for Depression and Anxiety: Pragmatic Retrospective Study," <i>JMIR Formative Research</i> 5, no. 12 (2021): e33452. https://doi.org/10.2196/33452 |
| Wu 2022 | Full Text | O | Online Databases & Conference Proceedings | Wu, Monica S., Shih-Yin Chen, Robert E. Wickham, et al., "Predicting Non-Initiation of Care and Dropout in a Blended Care CBT Intervention: Impact of Early Digital Engagement, Sociodemographic, and Clinical Factors," <i>Digital Health</i> 8 (2022). https://doi.org/10.1177/20552076221133760 |
| Wu 2024 | Full Text | O | Company-provided Data | Wu, Monica S., Robert E. Wickham, Shih-Yin Chen, et al., "A Large-Scale Evaluation of Therapeutic Alliance and Symptom Trajectories of Depression and Anxiety in Blended Care Therapy," <i>PLOS ONE</i> 19, no. 11 (2024): e0313112. https://doi.org/10.1371/journal.pone.0313112 |
| Meru Health | | | | |
| Alfaro 2024 | Full Text | I | Online Databases & Conference Proceedings | Alfaro, Ana J., Joseph Wielgosz, Eric Kuhn, et al., "Determinants and Outcome Correlates of Engagement with a Mobile Mental Health Intervention for Depression and Anxiety in Middle-Aged and Older Adults," <i>Journal of Clinical Psychology</i> 80, no. 3 (2024): 509–521. https://doi.org/10.1002/jclp.23636 |
| Aschbacher 2023 | Full Text | O | Online Databases & Conference Proceedings | Aschbacher, Kirstin, Luisa M. Rivera, Silvan Hornstein, et al., "Longitudinal Patterns of Engagement and Clinical Outcomes: Results from a Therapist-Supported Digital Mental Health Intervention," <i>Psychosomatic Medicine</i> 85, no. 7 (2023): 651–658. https://doi.org/10.1097/psy.0000000000001230 |
| Economides 2019 | Full Text | I | Online Databases & Conference Proceedings | Economides, Marcos, Kristian Ranta, Albert Nazander, et al., "Long-Term Outcomes of a Therapist-Supported, Smartphone-Based Intervention for Elevated Symptoms of Depression and Anxiety: Quasiexperimental, Pre-Postintervention Study," <i>JMIR mHealth and uHealth</i> 7, no. 8 (2019): e14284. https://doi.org/10.2196/14284 |
| Economides 2020 | Full Text | I | Online Databases & Conference Proceedings | Economides, Marcos, Paul Lehrer, Kristian Ranta, et al., "Feasibility and Efficacy of the Addition of Heart Rate Variability Biofeedback to a Remote Digital Health Intervention for Depression," <i>Applied Psychophysiology and Biofeedback</i> 45 (2020): 75–86. https://doi.org/10.1007/s10484-020-09458-z |

| Study Articles | Article Type | Study Category | Data Source | Full Reference |
|----------------------|--------------|----------------|---|--|
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| Study Articles | Article Type | Study Category | Data Source | Full Reference |
|-----------------|-----------------|----------------|---|---|
| Murillo 2020 | Full Text | I | Online Databases & Conference Proceedings | Murillo, Luis A., Emily Follo, April Smith, et al., "Evaluating the Effectiveness of Online Educational Modules and Interactive Workshops in Alleviating Symptoms of Mild to Moderate Depression: A Pilot Trial," <i>Journal of Primary Care & Community Health</i> 11 (2020): 2150132720971158. https://doi.org/10.1177/2150132720971158 |
| Nicholas 2019 | Full Text | I | Online Databases & Conference Proceedings | Nicholas, Jennifer, Kathryn E. Ringland, Andrea K. Graham, et al., "Stepping Up: Predictors of 'Stepping' within an iCBT Stepped-Care Intervention for Depression," <i>International Journal of Environmental Research and Public Health</i> 16, no. 23 (2019): 4689. https://doi.org/10.3390/ijerph16234689 |
| Nicholas 2021 | Full Text | I | Online Databases & Conference Proceedings | Nicholas, Jennifer, Ashley A. Knapp, Jessica L. Vergara, et al., "An Exploratory Brief Head-to-Head Non-Inferiority Comparison of an Internet-Based and a Telephone-Delivered CBT Intervention for Adults with Depression," <i>Journal of Affective Disorders</i> 281 (2021): 673-677. https://doi.org/10.1016/j.jad.2020.11.093 |
| Oser 2019 | Full Text | I | Online Databases & Conference Proceedings | Oser, Megan, Meredith L. Wallace, Francis Solano, et al., "Guided Digital Cognitive Behavioral Program for Anxiety in Primary Care: Propensity-Matched Controlled Trial," <i>JMIR Mental Health</i> 6, no. 4 (2019): e11981. https://doi.org/10.2196/11981 |
| Pajarito 2023 | Abstract/Poster | I | Online Databases & Conference Proceedings | Pajarito, Sarah, Chiauzzi Emil, Andre Williams, et al., "Demographic and Clinical Characteristics Associated with Anxiety and Depressive Symptom Outcomes in Users of a Digital Mental Health Intervention Incorporating a Relational Agent," <i>BMC Psychiatry</i> 24, no. 1 (2024): 79. https://doi.org/10.21203/rs.3.rs-2488688/v1 |
| Pratap 2018 | Full Text | I | Online Databases & Conference Proceedings | Pratap, Abhishek, Brenna N. Renn, Joshua Volponi, et al., "Using Mobile Apps to Assess and Treat Depression in Hispanic and Latino Populations: Fully Remote Randomized Clinical Trial," <i>Journal of Medical Internet Research</i> 20, no. 8 (2018): e10130. https://doi.org/10.2196/10130 |
| Rotondi 2024 | Full Text | I | Online Databases & Conference Proceedings | Rotondi, Armando J., Bea Herbeck Belnap, Scott Rothenberger, et al., "Predictors of Use and Drop Out from a Web-Based Cognitive Behavioral Therapy Program and Health Community for Depression and Anxiety in Primary Care Patients: Secondary Analysis of a Randomized Controlled Trial," <i>JMIR Mental Health</i> 11 (2024): e52197. https://doi.org/10.2196/52197 |
| Santopetro 2024 | Full Text | I | Online Databases & Conference Proceedings | Santopetro, Nicholas, Danielle Jones, Andrew Garron, et al., "Examining a Fully Automated Mobile-Based Behavioral Activation Intervention in Depression: Randomized Controlled Trial," <i>JMIR Mental Health</i> 11 (2024): e54252. https://doi.org/10.2196/54252 |
| Schure 2019 | Full Text | I | Online Databases & Conference Proceedings | Schure, Mark B., Janet C. Lindow, John H. Greist, et al., "Use of a Fully Automated Internet-Based Cognitive Behavior Therapy Intervention in a Community Population of Adults with Depression Symptoms: Randomized Controlled Trial," <i>Journal of Medical Internet Research</i> 21, no. 11 (2019): e14754. https://doi.org/10.2196/14754 |

| Study Articles | Article Type | Study Category | Data Source | Full Reference |
|---------------------|-----------------|----------------|---|---|
| Schure 2020 | Full Text | I | Online Databases & Conference Proceedings | Schure, Mark, Bernadette McCrory, Kathryn Tuchscherer Franklin, et al., "Twelve-Month Follow-Up to a Fully Automated Internet-Based Cognitive Behavior Therapy Intervention for Rural Adults with Depression Symptoms: Single-Arm Longitudinal Study," <i>Journal of Medical Internet Research</i> 22, no. 10 (2020): e21336. https://doi.org/10.2196/21336 |
| Segal 2020 | Full Text | I | Online Databases & Conference Proceedings | Segal, Zindel V., Sona Dimidjian, Arne Beck, et al., "Outcomes of Online Mindfulness-Based Cognitive Therapy for Patients with Residual Depressive Symptoms: A Randomized Clinical Trial," <i>JAMA Psychiatry</i> 77, no. 6 (2020): 563–573. https://doi.org/10.1001/jamapsychiatry.2019.4693 |
| Shah 2018 | Full Text | I | Online Databases & Conference Proceedings | Shah, Avani, Martin Morthland, Forrest Scogin, et al., "Audio and Computer Cognitive Behavioral Therapy for Depressive Symptoms in Older Adults: A Pilot Randomized Controlled Trial," <i>Behavior Therapy</i> 49, no. 6 (2018): 904–916. https://doi.org/10.1016/j.beth.2018.06.002 |
| Spencer-Laitt 2024* | Abstract/Poster | I | Online Databases & Conference Proceedings | Spencer-Laitt, Daniella, Audrey Hey, and Todd Farchione. "Effects of a Novel Engagement Intervention During a Randomized Clinical Trial of a Digital Treatment for Anxiety and Depression," Poster presented at ADAA 2024 Annual Conference, Boston, MA, April 11–14, 2024. |
| Stiles-Shields 2019 | Full Text | I | Online Databases & Conference Proceedings | Stiles-Shields, Colleen, Enid Montague, Mary J. Kwasny, et al., "Behavioral and Cognitive Intervention Strategies Delivered via Coached Apps for Depression: Pilot Trial," <i>Psychological Services</i> 16, no. 2 (2019): 233. https://doi.org/10.1037/ser0000261 |
| Stuart 2022 | Full Text | I | Online Databases & Conference Proceedings | Stuart, Roderick, Heidi Fischer, Arthur S. Leitzke, et al., "The Effectiveness of Internet-Based Cognitive Behavioral Therapy for the Treatment of Depression in a Large Real-World Primary Care Practice: A Randomized Trial," <i>Permanente Journal</i> 26, no. 3 (2022): 53. https://doi.org/10.7812/tpp/21.183 |
| Sweet 2021 | Full Text | I | Online Databases & Conference Proceedings | Sweet, Alison M., Sarah L. Pearlstein, Martin P. Paulus, et al., "Computer-Delivered Behavioural Activation and Approach-Avoidance Training in Major Depression: Proof of Concept and Initial Outcomes," <i>British Journal of Clinical Psychology</i> 60, no. 3 (2021): 357–374. https://doi.org/10.1111/bjc.12287 |
| Thase 2018 | Full Text | I | Online Databases & Conference Proceedings | Thase, Michael E., Jesse H. Wright, Tracy D. Eells, et al., "Improving the Efficiency of Psychotherapy for Depression: Computer-Assisted Versus Standard CBT," <i>American Journal of Psychiatry</i> 175, no. 3 (2018): 242–250. https://doi.org/10.1176/appi.ajp.2017.17010089 |
| Venkatesan 2020 | Full Text | O | Online Databases & Conference Proceedings | Venkatesan, Aarathi, Lily Rahimi, Manpreet Kaur, et al., "Digital Cognitive Behavior Therapy Intervention for Depression and Anxiety: Retrospective Study," <i>JMIR Mental Health</i> 7, no. 8 (2020): e21304. https://doi.org/10.2196/21304 |
| Wright 2022 | Full Text | I | Online Databases & Conference Proceedings | Wright, Jesse H., Jesse Owen, Tracy D. Eells, et al., "Effect of Computer-Assisted Cognitive Behavior Therapy vs Usual Care on Depression Among Adults in Primary Care: A Randomized Clinical Trial," <i>JAMA Network Open</i> 5, no. 2 (2022): e2146716. https://doi.org/10.1001/jamanetworkopen.2021.46716 |

| Study Articles | Article Type | Study Category | Data Source | Full Reference |
|----------------|--------------|----------------|---|--|
| Xiang 2021* | Full Text | O | Online Databases & Conference Proceedings | Xiang, Xiaoling, Jay Kayser, Yihang Sun, et al., "Internet-Based Psychotherapy Intervention for Depression Among Older Adults Receiving Home Care: Qualitative Study of Participants' Experiences," <i>JMIR Aging</i> 4, no. 4 (2021): e27630. https://doi.org/10.2196/27630 |
| Xiang 2024a | Full Text | I | Online Databases & Conference Proceedings | Xiang, Xiaoling, Skyla Turner, Sofia Ruiz-Sierra, et al., "Older Adults' Experience with a Layperson-Supported Digital Mental Health Intervention for Depression: Qualitative Insights on Engagement," <i>Clinical Gerontologist</i> (2024): 1–12. https://doi.org/10.1080/07317115.2024.2395890 |
| Xiang 2024b | Full Text | I | Online Databases & Conference Proceedings | Xiang, Xiaoling, Jay Kayser, Skyla Turner, et al., "Layperson-Supported, Web-Delivered Cognitive Behavioral Therapy for Depression in Older Adults: Randomized Controlled Trial," <i>Journal of Medical Internet Research</i> 26, no. 1 (2024): e53001. https://doi.org/10.2196/53001 |
| Yu 2018 | Full Text | I | Online Databases & Conference Proceedings | Yu, Jessica S., Eva Szigethy, Meredith Wallace, et al., "Implementation of a Guided, Digital Cognitive Behavioral Program for Anxiety in Primary Care: Preliminary Findings of Engagement and Effectiveness," <i>Telemedicine and E-Health</i> 24, no. 11 (2018): 870–878. https://doi.org/10.1089/tmj.2017.0280 |

Notes: I = interventional. O = observational. SLR = systematic literature review. Systematic literature reviews and meta-analyses are not included in the table. Horwitz 2020 assessed both SilverCloud and Headspace; this study is counted in both SilverCloud and Headspace's counts, resulting in 128 unique articles but 129 rows in the table * Denotes articles with data that could not be extracted. † Hall 2024 examines Big Health's Spark Direct solution, not the DaylightRx solution, but the study was identified and included in the SLR.

Appendix B-2 – Company-specific Clinical Citations Excluded from SLR

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|---------------------------------|---|-------------------------------|---|
| Big Health (Daylight Rx) | | | |
| Company Data Submission | Darden, Michael, Jenna R. Carl, Jasper AJ Smits, et al., "Cost-Effectiveness of Automated Digital CBT (Daylight) for Generalized Anxiety Disorder: A Markov Simulation Model in the United States," <i>PLOS Mental Health</i> 1, no. 3 (2024): e0000116. https://doi.org/10.1371/journal.pmen.0000116 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Espie, Colin A, Jenna R. Carl, Richard Stott, et al., "Digital Medicine Needs to Work," <i>The Lancet</i> , Volume 392, Issue 10165, 2694. https://doi.org/10.1016/S0140-6736(18)32519-4 | Publication type out of scope | Correspondence |
| Company Data Submission | Gu, J., Miller, C. B., Henry, A. L., et al., "Efficacy of Digital Cognitive Behavioural Therapy for Symptoms of Generalised Anxiety Disorder: A Study Protocol for a Randomised Controlled Trial," <i>Trials</i> 21, no. 1 (2020): 357. https://doi.org/10.1186/s13063-020-4230-6 | Publication type out of scope | Study protocol |
| Company Data Submission | Miller, Christopher B., Jenny Gu, Alasdair L. Henry, et al., "Feasibility and Efficacy of a Digital CBT Intervention for Symptoms of Generalized Anxiety Disorder: A Randomized Multiple-Baseline Study," <i>Journal of Behavior Therapy and Experimental Psychiatry</i> 70 (2021): 101609. https://doi.org/10.1016/j.jbtep.2020.101609 | Setting out of scope | Study setting is ex-US (UK) |
| Headspace | | | |
| Company Data Submission | Ainsworth, Ben, Sabina Stanescu, Beth Stuart, et al., "A Feasibility Trial of a Digital Mindfulness-Based Intervention to Improve Asthma-Related Quality of Life for Primary Care Patients with Asthma," <i>Journal of Behavioral Medicine</i> 45, no. 1 (2022): 133-147. https://doi.org/10.1007/s10865-021-00249-3 | Population out of scope | Participants with asthma |
| Company Data Submission | Ashton, Stephanie M., Anke Sambeth, and Conny WEM Quaedflieg. "A Mindful Approach to Controlling Intrusive Thoughts," <i>Scientific Reports</i> 13, no. 1 (2023): 10966. https://doi.org/10.1038/s41598-023-37447-9 | Publication type out of scope | Study protocol |
| Company Data Submission | Avalos, Lyndsay A., Sara Aghaee, Elaine Kurtovich, et al., "A Mobile Health Mindfulness Intervention for Women with Moderate to Moderately Severe Postpartum Depressive Symptoms: Feasibility Study." <i>JMIR Mental Health</i> 7, no. 11 (2020): e17405. https://doi.org/10.2196/17405 | Population out of scope | Participants with postpartum depression |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------|--|
| Company Data Submission | Axelsen, Johanne Lundager, Ulrich Kirk, and Walter Staiano, "On-the-Spot Binaural Beats and Mindfulness Reduces the Effect of Mental Fatigue." <i>Journal of Cognitive Enhancement</i> 4, no. 1 (2020): 31-39. https://doi.org/10.1007/s41465-019-00162-3 | Population out of scope | Participants experience mental fatigue (defined as a transient state of reduced cognitive performance caused by prolonged periods of demanding cognitive activity) |
| Company Data Submission | Axelsen, Johanne Lundager, Jacob Stig Jarnot Meline, Walter Staiano, et al., "Mindfulness and Music Interventions in the Workplace: Assessment of Sustained Attention and Working Memory Using a Crowdsourcing Approach." <i>BMC Psychology</i> 10, no. 1 (2022): 108. https://doi.org/10.1186/s40359-022-00810-y | Population out of scope | Participants are healthy volunteers (without anxiety and/or depression) |
| Company Data Submission | Balsam, D., D. T. Bounds, A. M. Rahmani, et al., "Evaluating the Impact of an App-Delivered Mindfulness Meditation Program to Reduce Stress and Anxiety During Pregnancy: Pilot Longitudinal Study," <i>JMIR Pediatrics and Parenting</i> 6 (2023): e53933. https://doi.org/10.2196/42712 | Population out of scope | HIV positive patients |
| Company Data Submission | Bennike, I. H., A. Wieghorst, and U. Kirk, "Online-Based Mindfulness Training Reduces Behavioral Markers of Mind Wandering," <i>Journal of Cognitive Enhancement</i> 1, no. 2 (2017): 172–181. https://doi.org/10.1007/s41465-017-0020-9 | Publication date | Study was published in 2017 (manuscripts were included if published between 2018-2024) |
| Company Data Submission | Björkstrand, J., D. Schiller, J. Li, et al., "The Effect of Mindfulness Training on Extinction Retention," <i>Scientific Reports</i> 9, no. 1 (2019). https://doi.org/10.1038/s41598-019-56167-7 | Setting out of scope | Study setting is ex-US (Sweden) |
| Company Data Submission | Bostock, S., A. D. Crosswell, A. A. Prather, et al., "Mindfulness on-the-Go: Effects of a Mindfulness Meditation App on Work Stress and Well-Being," <i>Journal of Occupational Health Psychology</i> 24, no. 1 (2019): 127–138. https://doi.org/10.1037/ocp0000118 | Setting out of scope | Study setting is ex-US (UK) |
| Company Data Submission | Burgess, A., K. Cavanagh, C. Strauss, et al., "Headspace for Parents: Qualitative Report Investigating the Use of a Mindfulness-Based App for Managing Parents' Stress during COVID-19," <i>BJ Psych Open</i> 8, no. 1 (2022): e15. https://doi.org/10.1192/bjo.2021.1145 | Population out of scope | COVID-related stress |
| Company Data Submission | Callahan, C. E., J. Kimber, E. Hu, et al., "The Real-World Impact of App-Based Mindfulness on Headspace Members with Moderate and Severe Perceived Stress: Observational Study," <i>JMIR mHealth and uHealth</i> 12 (2024): e52968. https://doi.org/10.2196/52968 | Population out of scope | Participants with moderate and severe perceived stress |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------|---|
| Company Data Submission | Champion, L., M. Economides, and C. Chandler, "The Efficacy of a Brief App-Based Mindfulness Intervention on Psychosocial Outcomes in Healthy Adults: A Pilot Randomised Controlled Trial," <i>PLoS ONE</i> 13, no. 12 (2018). https://doi.org/10.1371/journal.pone.0209482 | Population out of scope | Participants are healthy adults (without anxiety and/or depression) |
| Company Data Submission | Conley, Cheyenne S., Christina H. Gonzales, Brittney M. Huguenel, et al., "Benefits of a Technology-Delivered Mindfulness Intervention for Psychological Distress and Positive Wellbeing in Depressed College Students: Post-Intervention and Follow-Up Effects from an RCT," <i>Mindfulness</i> 15, no. 7 (2024):1739–1758. https://doi.org/10.1007/s12671-024-02398-3 | Population out of scope | Subpopulation (university/college students) |
| Company Data Submission | de Tommasi, C., E. Richardson, M. Reale, et al., "Evaluation of a Novel Application of a Mindfulness Phone Application for Patients with Brain Tumours: A Feasibility Study," <i>Journal of NeuroOncology</i> 149, no. 3 (2020): 489–98. https://doi.org/10.1007/s11060-020-03638-x | Population out of scope | Patients with brain tumors |
| Company Data Submission | DeSteno, David, David Lim, Florian Duong, et al., "Meditation Inhibits Aggressive Responses to Provocations." <i>Mindfulness</i> 9, no. 4 (2018): 1117–1122. https://doi.org/10.1007/s12671-017-0847-2 | Population out of scope | Participants facing a real-time provocation known to evoke aggression |
| Company Data Submission | Devan, H., D. Farmery, L. Peebles, et al., "Evaluation of Self-Management Support Functions in Apps for People with Persistent Pain: Systematic Review," <i>JMIR mHealth and uHealth</i> 7, no. 2 (2019): e13080. https://doi.org/10.2196/13080 | Population out of scope | Participants suffering from persistent pain |
| Company Data Submission | Dutcher, J. M., S. W. Cole, A. C. Williams, et al., "Smartphone Mindfulness Meditation Training Reduces Pro-Inflammatory Gene Expression in Stressed Adults: A Randomized Controlled Trial," <i>Brain, Behavior, and Immunity</i> 103 (2022): 171-177. https://doi.org/10.1016/j.bbi.2022.02.020 | Population out of scope | Participants suffering from persistent pain |
| Company Data Submission | Economides, M., J. Martman, M. J. Bell, et al., "Improvements in Stress, Affect, and Irritability Following Brief Use of a Mindfulness-Based Smartphone App: A Randomized Controlled Trial," <i>Mindfulness</i> 9, no. 5 (2018): 1584–1593. https://doi.org/10.1007/s12671-018-0905-4 | Population out of scope | Participants are healthy adults (without anxiety and/or depression) |
| Company Data Submission | Flett, J. A. M., H. Hayne, B. C. Riordan, et al., "Mobile Mindfulness Meditation: A Randomized Controlled Trial of the Effect of Two Popular Apps on Mental Health," <i>Mindfulness</i> 10, no. 4 (2019): 863–876. https://doi.org/10.1007/s12671-018-1050-9 | Population out of scope | Subpopulation (university/college students) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|---|-------------------------|---|
| Company Data Submission | Flett, J. A. M., B. D. Fletcher, B. C. Riordan, et al., "The Peril of Self-Reported Adherence in Digital Interventions: A Brief Example," <i>Internet Interventions</i> 18 (2019). https://doi.org/10.1016/j.invent.2019.100267 | Population out of scope | Subpopulation (university/college students) |
| Company Data Submission | Flett, J. A. M., T. S. Conner, B. C. Riordan, et al., "App-Based Mindfulness Meditation for Psychological Distress and Adjustment to College in Incoming University Students: A Pragmatic, Randomised, Waitlist-Controlled Trial," <i>Psychology & Health</i> 35, no. 9 (2020): 1049–1074. https://doi.org/10.1080/08870446.2019.1711089 | Population out of scope | Subpopulation (university/college students) |
| Company Data Submission | François, J., A. F. Audrain-Pontevia, S. Boudhraâ, et al., "Assessing the Influence of Patient Empowerment Gained Through Mental Health Apps on Patient Trust in the Health Care Provider and Patient Compliance with the Recommended Treatment: Cross-Sectional Study," <i>Journal of Medical Internet Research</i> 26 (2024): e48182. https://doi.org/10.2196/48182 | Setting out of scope | Study setting is ex-US (Canada) |
| Company Data Submission | Fried, R., M. DiSalvo, A. Farrell, et al., "Using a Digital Meditation Application to Mitigate Anxiety and Sleep Problems in Children with ADHD," <i>Journal of Attention Disorders</i> (2021): 108705472110256. https://doi.org/10.1177/10870547211025616 | Population out of scope | Patients are <18 years of age |
| Company Data Submission | Graziani, Grant, Sarah Kunkle, and Emily Shih, "Resilience in 2021—Descriptive Analysis of Individuals Accessing Virtual Mental Health Services: Retrospective Observational Study," <i>JMIR Formative Research</i> 6, no. 3 (2022): e34283. https://doi.org/10.2196/34283 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Graziani, Grant, Brandon S. Aylward, Sarah Kunkle, et al., "Changes in Resilience Following Engagement with a Virtual Mental Health System: Real-World Observational Study," <i>JMIR Formative Research</i> 6, no. 7 (2022): e37169. https://doi.org/10.2196/37169 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Graziani, Grant, Brandon S. Aylward, Vicki Fung, et al., "Changes in Healthcare Costs Following Engagement with a Virtual Mental Health System: A Matched Cohort Study of Healthcare Claims Data," <i>Procedia Computer Science</i> 206 (2022): 173-182. https://doi.org/10.1016/j.procs.2022.09.096 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Haliwa, Ilana, Cameron G. Ford, Jenna M. Wilson, et al., "A Mixed-Method Assessment of a 10-Day Mobile Mindfulness Intervention," <i>Frontiers in Psychology</i> 12 (2021): 722995. https://doi.org/10.3389/fpsyg.2021.722995 | Population out of scope | Subpopulation (university/college students) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|---|-------------------------|--|
| Company Data Submission | Howells, A., Ivtzan, I., and F. J. Eiroa-Orosa, "Putting the 'App' in Happiness: A Randomised Controlled Trial of a Smartphone-Based Mindfulness Intervention to Enhance Wellbeing," <i>Journal of Happiness Studies</i> 17, no. 1 (2016): 163–85. https://doi.org/10.1007/s10902-014-9589-1 | Publication date | Study was published in 2014 (manuscripts were included if published between 2018-2024) |
| Company Data Submission | Hülshager, U. R., T. Yang, J. E. Bono, et al., "Stop the Spin: The Role of Mindfulness Practices in Reducing Affect Spin," <i>Journal of Occupational Health Psychology</i> . Advance online publication (2022). https://doi.org/10.1037/ocp0000210 | Population out of scope | Participants experiencing affect spin (no anxiety and/or depression) |
| Company Data Submission | Johnson, L. C., J. J. Aiello, A. Jagtiani, et al., "Feasibility, Appropriateness, and Acceptability of a Mobile Mindfulness Meditation Intervention to Improve Sleep Quality among a Racially/Ethnically Diverse Population," <i>Sleep Health</i> . Advance online publication (2022). https://doi.org/10.1016/j.sleh.2022.06.004 | Population out of scope | Participants suffering from sleep problems |
| Company Data Submission | Johnson, L. C., L. Bosque, A. Jagtiani, et al., "Attitudes and Beliefs about Sleep Health among a Racially and Ethnically Diverse Sample of Overweight/Obese Adults," <i>Sleep Health</i> . Advance online publication (2023). https://doi.org/10.1016/j.sleh.2023.01.003 | Population out of scope | Participants suffering from sleep problems |
| Company Data Submission | Keng, S. L., J. W. E. Chin, M. Mammadova, et al., "Effects of Mobile App-Based Mindfulness Practice on Healthcare Workers: A Randomized Active Controlled Trial," <i>Mindfulness</i> 13, no. 11 (2022): 2691–2704. https://doi.org/10.1007/s12671-022-01975-8 | Population out of scope | Subpopulation (healthcare workers) |
| Company Data Submission | Kirk, U., and J. L. Axelsen, "Heart Rate Variability Is Enhanced during Mindfulness Practice: A Randomized Controlled Trial Involving a 10-Day Online Based Mindfulness Intervention," <i>PLoS ONE</i> 15 (2020). https://doi.org/10.1371/journal.pone.0243488 | Population out of scope | Participants are healthy volunteers (without anxiety and/or depression) |
| Company Data Submission | Kirk, U., C. Ngnoumen, A. Clausel, et al., "Effects of Three Genres of Focus Music on Heart Rate Variability and Sustained Attention," <i>Journal of Cognitive Enhancement</i> (2021). https://doi.org/10.1007/s41465-021-00226-3 | Population out of scope | Participants are healthy adults (without anxiety and/or depression) |
| Company Data Submission | Kirk, Ulrich, Christelle Ngnoumen, Alicia Clausel, et al., "Using Actigraphy and Heart Rate Variability (HRV) to Assess Sleep Quality and Sleep Arousal of Three App-based Interventions: Sleep Music, Sleepcasts, and Guided Mindfulness," <i>Journal of Cognitive Enhancement</i> 6, no. 2 (2022): 216-231. https://doi.org/10.1007/s41465-021-00233-4 | Population out of scope | Participants suffering from sleep problems |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|---------------------------|--|
| Company Data Submission | Kirk, U., W. Staiano, E. Hu, et al., "App-Based Mindfulness for Attenuation of Subjective and Physiological Stress Reactivity in a Population with Elevated Stress: Randomized Controlled Trial," <i>JMIR mHealth and uHealth</i> 11 (2023): e47371. https://doi.org/10.2196/47371 | Population out of scope | Participants with elevated stress levels |
| Company Data Submission | Klingbeil, D. A., T. L. Renshaw, J. B. Willenbrink, et al., "Mindfulness-Based Interventions with Youth: A Comprehensive Meta-Analysis of Group-Design Studies," <i>Journal of School Psychology</i> 63 (2017): 77-103. https://doi.org/10.1016/j.jsp.2017.03.006 | Population out of scope | Patients are <18 years of age |
| Company Data Submission | Kubo, A., A. Altschuler, E. Kurtovich, et al., "A Pilot Mobile-Based Mindfulness Intervention for Cancer Patients and Their Informal Caregivers," <i>Mindfulness</i> 9, no. 6 (2018): 1885–1894. https://doi.org/10.1007/s12671-018-0931-2 | Population out of scope | Cancer patients |
| Company Data Submission | Kubo, A., E. Kurtovich, M. McGinnis, et al., "A Randomized Controlled Trial of mHealth Mindfulness Intervention for Cancer Patients and Informal Cancer Caregivers: A Feasibility Study within an Integrated Health Care Delivery System," <i>Integrative Cancer Therapies</i> 18 (2019): 1534735419850634. https://doi.org/10.1177/1534735419850634 | Population out of scope | Cancer patients |
| Company Data Submission | Lau, N., A. O'Daffer, S. Colt, et al., "Android and iPhone Mobile Apps for Psychosocial Wellness and Stress Management: Systematic Search in App Stores and Literature Review," <i>JMIR mHealth and uHealth</i> 8, no. 5 (2020): e17798. https://doi.org/10.2196/17798 | Intervention out of scope | SLR of apps related to wellness and stress |
| Company Data Submission | Laurie, J., and A. Blandford, "Making Time for Mindfulness," <i>International Journal of Medical Informatics</i> 96 (2016): 38–50. https://doi.org/10.1016/j.ijmedinf.2016.02.010 | Publication date | Study was published in 2016 (manuscripts were included if published between 2018-2024) |
| Company Data Submission | Leech, T., D. Dorstyn, A. Taylor, et al., "Mental Health Apps for Adolescents and Young Adults: A Systematic Review of Randomized Controlled Trials," <i>Children and Youth Services Review</i> 127 (2021): 106073. https://doi.org/10.1016/j.childyouth.2021.106073 | Publication date | SLR published in 2021 (SLRs were included if published between 2022-2024) |
| Company Data Submission | Lim, D., P. Condon, and D. de Steno, "Mindfulness and Compassion: An Examination of Mechanism and Scalability," <i>PLOS ONE</i> 10, no. 2 (2015): e0118221. https://doi.org/10.1371/journal.pone.0118221 | Publication date | Study was published in 2015 (manuscripts were included if published between 2018-2024) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------------|--|
| Company Data Submission | Low, T., R. Conduit, P. Varma, et al., "Treating Subclinical and Clinical Symptoms of Insomnia with a Mindfulness-Based Smartphone Application: A Pilot Study," <i>Internet Interventions</i> 21 (2020): 100335. https://doi.org/10.1016/j.invent.2020.100335 | Population out of scope | Participants with insomnia |
| Company Data Submission | Mani, M., D. J. Kavanagh, L. Hides, et al., "Review and Evaluation of Mindfulness-Based iPhone Apps," <i>JMIR mHealth and uHealth</i> 3, no. 3 (2015): e82. https://doi.org/10.2196/mhealth.4328 | Publication date | Study was published in 2015 (manuscripts were included if published between 2018-2024) |
| Company Data Submission | Mascaro, J., "A Longitudinal, Randomized and Controlled Study of App-Delivered Mindfulness in the Workplace," <i>Journal of Wellness</i> 2, no. 1 (2020): 1–9. https://doi.org/10.18297/jwellness/vol2/iss1/4 | Intervention out of scope | Intervention is mindfulness/meditation focused |
| Company Data Submission | Mascaro, J. S., Singh, V., Wehrmeyer, K., et al., "Randomized, Wait-list–Controlled Pilot Study of App-Delivered Mindfulness for Patients Reporting Chronic Pain," <i>PAIN Reports</i> 6, no. 1 (2021): 1–e924. https://doi.org/10.1097/pr9.0000000000000924 | Population out of scope | Participants with chronic pain |
| Company Data Submission | Militello, L., Sobolev, M., Okeke, F., et al., "Digital Prompts to Increase Engagement with the Headspace App and for Stress Regulation Among Parents: Feasibility Study," <i>JMIR Formative Research</i> 6, no. 3 (2022): e30606. https://doi.org/10.2196/30606 | Study Design out of scope | Study includes <20 participants |
| Company Data Submission | Mistler, L. A., Ben-Zeev, D., Carpenter-Song, E., et al., "Mobile Mindfulness Intervention on an Acute Psychiatric Unit: Feasibility and Acceptability Study," <i>JMIR Mental Health</i> 4, no. 3 (2017). https://doi.org/10.2196/mental.7717 | Publication date | Study was published in 2017 (manuscripts were included if published between 2018-2024) |
| Company Data Submission | Muhyaddin, R., Abd-Alrazaq, A., Shah, Z., et al., "Evaluation of Meditation Apps Available on Google Play and Apple Store: An App Review," <i>Studies in Health Technology and Informatics</i> 289 (2022): 376–379. https://doi.org/10.3233/SHTI210937 | Intervention out of scope | Intervention is mindfulness/meditation focused |
| Company Data Submission | Muhyaddin, R., Abd-Alrazaq, A., Alajlani, M., et al., "Features of Meditation Apps: A Scoping Review," <i>Studies in Health Technology and Informatics</i> 289 (2022): 380–383. https://doi.org/10.3233/SHTI210938 | Publication type out of scope | Scoping review |
| Company Data Submission | Nübold, A., Van Quaquebeke, N., & Hülsheger, U. R., "Be(com)ing Real: A Multi-Source and an Intervention Study on Mindfulness and Authentic Leadership," <i>Journal of Business and Psychology</i> (2019). https://doi.org/10.1007/s10869-019-09633-y | Population out of scope | Study regarding authentic leadership (no anxiety and/or depression) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|---|---------------------------|---|
| Company Data Submission | Nübold, A., & Hülshager, U. R. "Personality States Mediate the Effect of a Mindfulness Intervention on Employees' Work Outcomes: A Randomized Control Trial," <i>European Journal of Personality</i> (2021). https://doi.org/10.1002/per.2311 | Population out of scope | Not in participants with anxiety and/or depression (focus is on empathic emotion recognition) |
| Company Data Submission | Quinones, C., and M. D. Griffiths, "Reducing Compulsive Internet Use and Anxiety Symptoms via Two Brief Interventions: A Comparison Between Mindfulness and Gradual Muscle Relaxation," <i>Journal of Behavioral Addictions</i> 8, no. 3 (2019): 530–536. https://doi.org/10.1556/2006.8.2019.45 | Intervention out of scope | Intervention is mindfulness/meditation focused |
| Company Data Submission | Radin, R. M., E. S. Epel, A. E. Mason, et al., "Impact of Digital Meditation on Work Stress and Health Outcomes Among Adults with Overweight: A Randomized Controlled Trial," <i>PLOS ONE</i> 18, no. 3 (2023): e0280808. https://doi.org/10.1371/journal.pone.0280808 | Intervention out of scope | Intervention is mindfulness/meditation focused |
| Company Data Submission | Radin, R. M., J. Vacarro, E. Fromer, et al., "Digital Meditation to Target Employee Stress: A Randomized Clinical Trial," <i>JAMA Network Open</i> 8, no. 1 (2025): e2454435. https://doi.org/10.1001/jamanetworkopen.2024.54435 | Population out of scope | Subpopulation (healthcare workers); participants with mild to moderate stress |
| Company Data Submission | Rich, M., J. Ogden, and L. Morison, "A Randomized Controlled Trial of an App-Delivered Mindfulness Program Among University Employees: Effects on Stress and Work-Related Outcomes," <i>International Journal of Workplace Health Management</i> . Advance online publication (2021). https://doi.org/10.1108/IJWHM-04-2021-0072 | Population out of scope | Subpopulation (university employees) |
| Company Data Submission | Rosen, K. D., S. M. Paniagua, W. Kazanis, et al., "Quality of Life Among Women Diagnosed with Breast Cancer: A Randomized Waitlist Controlled Trial of Commercially Available Mobile App-Delivered Mindfulness Training," <i>Psycho-Oncology</i> 27, no. 8 (2018): 2023–2030. https://doi.org/10.1002/pon.4764 | Population out of scope | Patients with breast cancer |
| Company Data Submission | Rung, A. L., Oral, E., Berghammer, L., et al., "Feasibility and Acceptability of a Mobile Mindfulness Meditation Intervention Among Women: Intervention Study," <i>JMIR MHealth and UHealth</i> 8, no. 6 (2020). https://doi.org/10.2196/15943 | Population out of scope | Subpopulation (women recruited after an oil spill in Louisiana) |
| Company Data Submission | Strauss, C., Dunkeld, C., and Cavanagh, K, "Is Clinician-Supported Use of a Mindfulness Smartphone App a Feasible Treatment for Depression? A Mixed-Methods Feasibility Study," <i>Internet Interventions</i> 25 (2021). https://doi.org/10.1016/j.invent.2021.100413 | Setting out of scope | Study setting is ex-US (UK) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------|------------------------------------|
| Company Data Submission | Swainston, J., and Derakshan, N, "Reduced Anxiety Following Mindfulness and Adaptive Working Memory Training in Women with Breast Cancer," <i>Mindfulness</i> 12 (2021): 1928–1939. https://doi.org/10.1007/s12671-021-01622-4 | Population out of scope | Patients with breast cancer |
| Company Data Submission | Taylor, M., Hageman, J. R., and Brown, M, "A Mindfulness Intervention for Residents: Relevance for Pediatricians," <i>Pediatric Annals</i> 45, no. 10 (2016): e373–e376. https://doi.org/10.3928/19382359-20160912-01 | Population out of scope | Subpopulation (physicians) |
| Company Data Submission | Taylor, H., Cavanagh, K., Field, A. P., et al., "Health Care Workers' Need for Headspace: Findings from a Multisite Definitive Randomized Controlled Trial of an Unguided Digital Mindfulness-Based Self-Help App to Reduce Healthcare Worker Stress," <i>JMIR mHealth and uHealth</i> 10, no. 8 (2022): e31744. https://doi.org/10.2196/31744 | Population out of scope | Subpopulation (healthcare workers) |
| Company Data Submission | Ward, K., Herekar, A., Wang, P., et al., "Feasibility and Acceptability of a Mindfulness-Based Smartphone App Among Pregnant Women with Obesity," <i>International Journal of Environmental Research and Public Health</i> 20, no. 7 (2023): 5421. https://doi.org/10.3390/ijerph20075421 | Population out of scope | Participants are pregnant |
| Company Data Submission | Wen, L., Sweeney, T. E., Welton, L., et al., "Encouraging Mindfulness in Medical House Staff via Smartphone App: A Pilot Study," <i>Academic Psychiatry</i> 41, no. 5 (2017): 646–650. https://doi.org/10.1007/s40596-017-0768-3 | Population out of scope | Participants are pregnant |
| Company Data Submission | Wylde, C. M., Mahrer, N. E., Meyer, R. M. L., et al., "Mindfulness for Novice Pediatric Nurses: Smartphone Application versus Traditional Intervention," <i>Journal of Pediatric Nursing</i> 36 (2017): 205–212. https://doi.org/10.1016/j.pedn.2017.06.008 | Population out of scope | Subpopulation (nurses) |
| Company Data Submission | Yang, E., Schamber, E., Meyer, R. M. L., et al., "Happier Healers: Randomized Controlled Trial of Mobile Mindfulness for Stress Management," <i>Journal of Alternative and Complementary Medicine</i> 24, no. 5 (2018): 505–513. https://doi.org/10.1089/acm.2015.0301 | Population out of scope | Subpopulation (medical students) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
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| Koa Health | | | |
| Company Data Submission | Barbieri, Francesco, Eric Guizzo, Federico Lucchesi, et al., "Towards a Multimodal Time-Based Empathy Prediction System." In 2019 14th IEEE International Conference on Automatic Face & Gesture Recognition (2019): 1-5. https://doi.org/10.1109/fg.2019.8756532 | Population out of scope | Not in participants with anxiety and/or depression (focus is on changes in employee's personality states) |
| Company Data Submission | Bardram, Jakob E., and Aleksandar Matic, "A Decade of Ubiquitous Computing Research in Mental Health," <i>IEEE Pervasive Computing</i> 19, no. 1 (2020): 62–72. https://doi.org/10.1109/mprv.2019.2925338 | Publication type out of scope | Narrative review |
| Company Data Submission | Bernstein, Emily E., Jennifer L. Greenberg, Hilary Weingarden, et al., "The Use of Coaching in Smartphone App-Based Cognitive Behavioral Therapy for Body Dysmorphic Disorder," <i>Internet Interventions</i> 36 (2024): 100743. https://doi.org/10.1016/j.invent.2024.100743 | Population out of scope | Participants with body dysmorphia |
| Company Data Submission | Besold, Tarek Richard, Pablo Gervas, Evelyn Gius, et al., "Computational Creativity Meets Digital Literary Studies," <i>Dagstuhl Seminar</i> (2019). | Population out of scope | Not in participants with anxiety and/or depression (focus is on the connection between computational creativity, natural language processing, and digital literary studies) |
| Company Data Submission | Buda, Teodora Sandra, Mohammed Khwaja, and Aleksandar Matic, "Outliers in Smartphone Sensor Data Reveal Outliers in Daily Happiness," <i>Proceedings of the ACM on Interactive, Mobile, Wearable and Ubiquitous Technologies</i> 5, no. 1 (2021): 1–19. https://doi.org/10.1145/3448095 | Population out of scope | Not in participants with anxiety and/or depression (focus is on emotional state predictions) |
| Company Data Submission | Buda, Teodora Sandra, João Guerreiro, Jesus Omana Iglesias, et al., "Foundations for Fairness in Digital Health Apps," <i>Frontiers in Digital Health</i> 4 (2022). https://doi.org/10.3389/fdgth.2022.943514 | Setting out of scope | Study setting is ex-US (UK) |
| Company Data Submission | Buda, Teodora Sandra, João Guerreiro, Jesus Omana Iglesias, et al., "Foundations for Fairness in Digital Health Apps," <i>Frontiers in Digital Health</i> 4 (2022). https://doi.org/10.3389/fdgth.2022.943514 | Setting out of scope | Study setting is ex-US (UK) |
| Company Data Submission | Camacho-Collados, Jose, Yeraí Doval, Eugenio Martínez-Cámara, et al., "Learning Cross-Lingual Word Embeddings from Twitter via Distant Supervision," <i>Proceedings of the International AAAI Conference on Web and Social Media</i> 14 (2020): 72–82. https://doi.org/10.1609/icwsm.v14i1.7280 | Population out of scope | Not in participants with anxiety and/or depression (focus is on cross lingual embeddings from Twitter) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------|---|
| Company Data Submission | Catuara-Solarz, Silvina, Bartłomiej Skorulski, Iñaki Estella-Aguerrri, et al., "The Efficacy of 'Foundations,' a Digital Mental Health App to Improve Mental Well-Being during COVID-19: Proof-of-Principle Randomized Controlled Trial," <i>JMIR mHealth and uHealth</i> 10, no. 7 (2022). https://doi.org/10.2196/30976 | Population out of scope | COVID-related anxiety and/or depression |
| Company Data Submission | Clark, David M., Jennifer Wild, Emma Warnock-Parkes, et al., "More than Doubling the Clinical Benefit of Each Hour of Therapist Time: A Randomised Controlled Trial of Internet Cognitive Therapy for Social Anxiety Disorder," <i>Psychological Medicine</i> 53, no. 11 (2022): 5022–32. https://doi.org/10.1017/S0033291722002008 | Population out of scope | Participants with social anxiety disorder |
| Company Data Submission | Confalonieri, Roberto, Tarek Besold, Tillman Weyde, et al., "What Makes a Good Explanation? Cognitive Dimensions of Explaining Intelligent Machines," (2019). | Population out of scope | Not in participants with anxiety and/or depression (focus is on cognitive dimensions of explaining AI) |
| Company Data Submission | Confalonieri, Roberto, and Oliver Kutz, "Blending under Deconstruction," <i>Annals of Mathematics and Artificial Intelligence</i> 88, no. 5–6 (2019): 479–516. https://doi.org/10.1007/s10472-019-09654-6 | Population out of scope | Not in participants with anxiety and/or depression (focus is on the cognitive-linguistic theory of conceptual blending) |
| Company Data Submission | Confalonieri, Roberto, Tillman Weyde, Tarek R. Besold, et al., "Trepan Reloaded: A Knowledge-Driven Approach to Explaining Black-Box Models," In <i>ECAI 2020</i> , 2457–64. IOS Press, 2020. | Population out of scope | Not in participants with anxiety and/or depression (focus is on black box models) |
| Company Data Submission | Constantinides, Marios, Jonas Busk, Aleksandar Matic, et al., "Personalized versus Generic Mood Prediction Models in Bipolar Disorder," In <i>Proceedings of the 2018 ACM International Joint Conference and 2018 International Symposium on Pervasive and Ubiquitous Computing and Wearable Computers</i> , October 8, 2018. https://doi.org/10.1145/3267305.3267536 | Population out of scope | Participants with bipolar disorder |
| Company Data Submission | Creswell, Cathy, Claire Hill, and Mara Violato, "Child Anxiety Treatment in the Context of COVID-19 (Co-CAT): Enabling Child and Adolescent Mental Health Services (CAMHS) to Provide Efficient Remote Treatment for Child Anxiety Problems," <i>The University of Oxford and Oxford University Hospitals NHS Foundation Trust</i> 2.5 (2022). https://doi.org/10.1186/ISRCTN12890382 | Population out of scope | Patients are <18 years of age |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|---------------------------|--|
| Company Data Submission | Creswell, Cathy, Lucy Taylor, Sophie Giles, et al., "Digitally Augmented, Parent-Led CBT versus Treatment as Usual for Child Anxiety Problems in Child Mental Health Services in England and Northern Ireland: A Pragmatic, Non-Inferiority, Clinical Effectiveness and Cost-Effectiveness Randomised Controlled Trial," <i>The Lancet Psychiatry</i> 11, no. 3 (2024): 193–209. https://doi.org/10.1016/s2215-0366(23)00429-7 | Population out of scope | Patients are <18 years of age |
| Company Data Submission | Ehlers, Anke, Jennifer Wild, Emma Warnock-Parkes, et al., "A Randomised Controlled Trial of Therapist-Assisted Online Psychological Therapies for Posttraumatic Stress Disorder (Stop-PTSD): Trial Protocol," <i>Trials</i> 21, no. 1 (2020): 4176. https://doi.org/10.1186/s13063-020-4176-8 | Population out of scope | Participants with PTSD |
| Company Data Submission | Galdon Clavell, Gemma, Mariano Martín Zamorano, Carlos Castillo, et al., "Auditing Algorithms: On Lessons Learned and the Risks of Data Minimization," <i>Proceedings of the AAAI/ACM Conference on AI, Ethics, and Society</i> , (2020): 265–71. https://doi.org/10.1145/3375627.3375852 | Population out of scope | Not in participants with anxiety and/or depression (focus is on the algorithmic audit of a personalized well-being recommendation app) |
| Company Data Submission | Garriga, Roger, "Machine Learning Paves the Way toward the Prevention of Mental Health Crises," <i>Nature Medicine</i> 28, no. 6 (2022): 1135–36. https://doi.org/10.1038/s41591-022-01820-4 | Intervention out of scope | Report is on machine learning model |
| Company Data Submission | Garriga, Roger, Javier Mas, Semhar Abraha, et al., "Machine Learning Model to Predict Mental Health Crises from Electronic Health Records," <i>Nature Medicine</i> 28, no. 6 (2022): 1240–48. https://doi.org/10.1038/s41591-022-01811-5 | Intervention out of scope | Report is on machine learning model |
| Company Data Submission | Gnanapragasam, Sam N., Rose Tinch-Taylor, Hannah R. Scott, et al., "Multicentre, England-Wide Randomised Controlled Trial of the 'Foundations' Smartphone Application in Improving Mental Health and Well-Being in a Healthcare Worker Population," <i>The British Journal of Psychiatry</i> 222, no. 2 (2022): 58–66. https://doi.org/10.1192/bjp.2022.103 | Population out of scope | Subpopulation (healthcare workers) |
| Company Data Submission | Guerreiro, João, Roger Garriga, Toni Lozano Bagén, et al., "Transatlantic Transferability and Replicability of Machine-Learning Algorithms to Predict Mental Health Crises," <i>npj Digital Medicine</i> 7, no. 1 (2024). https://doi.org/10.1038/s41746-024-01203-8 | Intervention out of scope | Report is on machine learning model |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|---------------------------|---|
| Company Data Submission | Henwood, Amanda, João Guerreiro, Aleksandar Matic, et al., "The Duration of Daily Activities Has No Impact on Measures of Overall Wellbeing," <i>Scientific Reports</i> 12, no. 1 (January 11, 2022). https://doi.org/10.1038/s41598-021-04606-9 | Intervention out of scope | Intervention includes ecological momentary assessment and day reconstruction method (not CBT-based interventions) |
| Company Data Submission | Hill, Claire, Chloe Chessell, Ray Percy, et al., "Online Support and Intervention (OSI) for Child Anxiety: A Case Series within Routine Clinical Practice," <i>Behavioural and Cognitive Psychotherapy</i> 50, no. 4 (May 4, 2022): 429–45. https://doi.org/10.1017/s1352465822000157 | Population out of scope | Patients are <18 years of age |
| Company Data Submission | Hill, Claire, Tessa Reardon, Lucy Taylor, et al., "Online Support and Intervention for Child Anxiety (OSI): Development and Usability Testing," <i>JMIR Formative Research</i> 6, no. 4 (April 13, 2022). https://doi.org/10.2196/29846 | Population out of scope | Patients are <18 years of age |
| Company Data Submission | Grohmann, Johannes, Patrick K. Nicholson, Jesus Omana Iglesias, et al., "Monitorless: Predicting Performance Degradation in Cloud Applications with Machine Learning," In <i>Proceedings of the 20th International Middleware Conference</i> , 149–62. December 9, 2019. https://doi.org/10.1145/3361525.3361543 | Population out of scope | Not in participants with anxiety and/or depression (focus is on the prediction of performance degradation in cloud apps) |
| Company Data Submission | Connelly, Kay, Oscar Mayora, Jesus Favela, et al., "The Future of Pervasive Health," <i>IEEE Pervasive Computing</i> 16, no. 1 (2017): 16–20. https://doi.org/10.1109/mprv.2017.17 | Publication date | Abstract was published in 2017 (conference abstracts/posters were included if published between 2021-2024) |
| Company Data Submission | Khawaja, Mohammed, Sumer S. Vaid, Sara Zannone, et al., "Modeling Personality vs. Modeling Personalidad," <i>Proceedings of the ACM on Interactive, Mobile, Wearable and Ubiquitous Technologies</i> 3, no. 3 (2019): 1–24. https://doi.org/10.1145/3351246 | Publication date | Abstract was published in 2019 (conference abstracts/posters were included if published between 2021-2024) |
| Company Data Submission | Khawaja, Mohammed, and Aleksandar Matic, "Personality Is Revealed during Weekends: Towards Data Minimisation for Smartphone Based Personality Classification," In <i>Lecture Notes in Computer Science</i> , (2019): 551–60. https://doi.org/10.1007/978-3-030-29387-1_32 | Population out of scope | Not in participants with anxiety and/or depression (focus is on data collection in the context of personality classification) |
| Company Data Submission | Khawaja, Mohammed, Miquel Ferrer, Jesus Omana Iglesias, et al., "Aligning Daily Activities with Personality," In <i>Proceedings of the 13th ACM Conference on Recommender Systems</i> . September 10, 2019. https://doi.org/10.1145/3298689.3347020 | Publication date | Abstract was published in 2019 (conference abstracts/posters were included if published between 2021-2024) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------|--|
| Company Data Submission | Khwaja, Mohammed, Svenja Pieritz, A. Aldo Faisal, et al., "Personality and Engagement with Digital Mental Health Interventions," In <i>Proceedings of the 29th ACM Conference on User Modeling, Adaptation and Personalization</i> . June 21, 2021. https://doi.org/10.1145/3450613.3456823 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Leigh, Eleanor, and David M. Clark, "Internet-Delivered Therapist-Assisted Cognitive Therapy for Adolescent Social Anxiety Disorder (Osca): A Randomised Controlled Trial Addressing Preliminary Efficacy and Mechanisms of Action," <i>Journal of Child Psychology and Psychiatry</i> 64, no. 1 (2022): 145–55. https://doi.org/10.1111/jcpp.13680 | Population out of scope | Participants with social anxiety disorder |
| Company Data Submission | Leigh, Eleanor, and David M. Clark, "Internet-Delivered Therapist-Assisted Cognitive Therapy for Adolescent Social Anxiety Disorder (Osca): A Randomised Controlled Trial Addressing Preliminary Efficacy and Mechanisms of Action," <i>Journal of Child Psychology and Psychiatry</i> 64, no. 1 (2022): 145–55. https://doi.org/10.1111/jcpp.13680 | Population out of scope | Participants with social anxiety disorder |
| Company Data Submission | Zaadnoordijk, Lorijn, and Tarek R. Besold, "Artificial Phenomenology for Human-Level Artificial Intelligence," In <i>AAAI Spring Symposium: Towards Conscious AI Systems</i> , 2019. | Population out of scope | Not in participants with anxiety and/or depression (focus is on artificial phenomenology for human-level AI) |
| Company Data Submission | Matic, Aleksandar, and Nuria Oliver, "The Untapped Opportunity of Mobile Network Data for Mental Health," In <i>Proceedings of the 10th EAI International Conference on Pervasive Computing Technologies for Healthcare</i> , 2016. https://doi.org/10.4108/eai.16-5-2016.2263783 | Publication date | Abstract was published in 2016 (conference abstracts/posters were included if published between 2021-2024) |
| Company Data Submission | Matic, Aleksandar, Martin Pielot, and Nuria Oliver, "'omg! How Did It Know That?'" <i>Adjunct Publication of the 25th Conference on User Modeling, Adaptation and Personalization</i> , July 9, 2017, 41–46. https://doi.org/10.1145/3099023.3101411 | Publication date | Abstract was published in 2017 (conference abstracts/posters were included if published between 2021-2024) |
| Company Data Submission | Tentori, Monica, Lizbeth Escobedo, Carlos Hernandez, et al., "Pervasive Displays in Classrooms of Children with Severe Autism," <i>IEEE Pervasive Computing</i> 15, no. 3 (2016): 48–57. https://doi.org/10.1109/mprv.2016.49 | Population out of scope | Participants with autism |
| Company Data Submission | Park, Souneil, Aleksandar Matic, Kamini Garg, et al., "When Simpler Data Does Not Imply Less Information," <i>ACM Transactions on the Web</i> 12, no. 2 (2018): 1–23. https://doi.org/10.1145/3143402 | Publication date | Abstract was published in 2018 (conference abstracts/posters were included if published between 2021-2024) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------------|--|
| Company Data Submission | Pielot, Martin, Bruno Cardoso, Kleomenis Katevas, et al., "Beyond Interruptibility." <i>Proceedings of the ACM on Interactive, Mobile, Wearable and Ubiquitous Technologies</i> 1, no. 3 (2017): 1–25. https://doi.org/10.1145/3130956 | Publication date | Abstract was published in 2017 (conference abstracts/posters were included if published between 2021-2024) |
| Company Data Submission | Pieritz, Svenja, Mohammed Khwaja, A. Aldo Faisal, et al., "Personalised Recommendations in Mental Health Apps: The Impact of Autonomy and Data Sharin,." <i>Proceedings of the 2021 CHI Conference on Human Factors in Computing Systems</i> , May 6, 2021, 1–12. https://doi.org/10.1145/3411764.3445523 | Publication type out of scope | Narrative review |
| Company Data Submission | Serra, Joan, Aleksandar Matic, Josep Lluís Arcos, et al., "A Genetic Algorithm to Discover Flexible Motifs with Support," In <i>2016 IEEE 16th International Conference on Data Mining Workshops (ICDMW)</i> , 1153–58. https://doi.org/10.1109/icdmw.2016.0166 | Population out of scope | Not in participants with anxiety and/or depression (focus is on motif support) |
| Company Data Submission | Stott, Richard, Jennifer Wild, Nick Grey, et al., "Internet-Delivered Cognitive Therapy for Social Anxiety Disorder: A Development Pilot Series," <i>Behavioural and Cognitive Psychotherapy</i> 41, no. 4 (2013): 383–97. https://doi.org/10.1017/s1352465813000404 | Population out of scope | Participants with social anxiety disorder |
| Company Data Submission | Weingarden, Hilary, Aleksandar Matic, Roger Garriga Calleja, et al., "Optimizing Smartphone-Delivered Cognitive Behavioral Therapy for Body Dysmorphic Disorder Using Passive Smartphone Data: Initial Insights from an Open Pilot Trial," <i>JMIR mHealth and uHealth</i> 8, no. 6 (2020): 16350. https://doi.org/10.2196/16350 | Population out of scope | Participants with body dysmorphia |
| Company Data Submission | Wild, Jennifer, Emma Warnock-Parkes, Nick Grey, et al., "Internet-Delivered Cognitive Therapy for PTSD: A Development Pilot Series," <i>European Journal of Psychotraumatology</i> 7, no. 1 (2016). https://doi.org/10.3402/ejpt.v7.31019 | Population out of scope | Participants with PTSD |
| Company Data Submission | Wilhelm, Sabine, Hilary Weingarden, Jennifer L. Greenberg, et al., "Development and Pilot Testing of a Cognitive-Behavioral Therapy Digital Service for Body Dysmorphic Disorder., <i>Behavior Therapy</i> 51, no. 1 (2020): 15–26. https://doi.org/10.1016/j.beth.2019.03.007 | Population out of scope | Participants with body dysmorphia |
| Company Data Submission | Wilhelm, Sabine, Hilary Weingarden, Jennifer L. Greenberg, et al., "Efficacy of App-Based Cognitive Behavioral Therapy for Body Dysmorphic Disorder with Coach Support: Initial Randomized Controlled Clinical Trial," <i>Psychotherapy and Psychosomatics</i> 91, no. 4 (2022): 277–285. https://doi.org/10.1159/000524628 | Population out of scope | Participants with body dysmorphia |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|---|---------------------------|---|
| Company Data Submission | Guo, Xiaonan, Tiago Simas, Meng-Chuan Lai, et al., "Enhancement of Indirect Functional Connections with Shortest Path Length in the Adult Autistic Brain," <i>Human Brain Mapping</i> 40, no. 18 (2019): 5354–5369. https://doi.org/10.1002/hbm.24777 | Population out of scope | Participants with autism |
| Company Data Submission | Zaadnoordijk, Lorijn, Tarek R. Besold, and Sabine Hunnius, "A Match Does Not Make a Sense: On the Sufficiency of the Comparator Model for Explaining the Sense of Agency," <i>Neuroscience of Consciousness</i> 2019, no. 1 (2019). https://doi.org/10.1093/nc/niz006 | Population out of scope | Not in participants with anxiety and/or depression (focus is on sense of agency) |
| Company Data Submission | Zaidi, Abdellatif, and Inaki Estella Aguerri, "Optimal Rate-Exponent Region for a Class of Hypothesis Testing against Conditional Independence Problems," 2019 <i>IEEE Information Theory Workshop (ITW)</i> , (2019):1–5. https://doi.org/10.1109/itw44776.2019.8989303 | Population out of scope | Not in participants with anxiety and/or depression (focus is on distributed hypothesis testing) |
| Lyra Health | | | |
| Company Data Submission | Davidson, S., K.L. Gratz, J. Jun, et al., "Feasibility and Effectiveness of a Blended Care DBT Program," Live research presentation at the 28th Annual Meeting of the International Society for the Improvement and Teaching of Dialectical Behavior Therapy, 2023. | Population out of scope | Includes participants with subclinical symptoms (without stratifying results) |
| Company Data Submission | Lattie, E., A. Varra, C. Chen, et al., "Examining the Client Experience of Digital Tools in Blended Care Therapy," Poster presentation at the 57th Association of Cognitive and Behavioral Therapies Convention, 2023. | Study Design out of scope | Study includes <20 participants |
| Company Data Submission | Lungu, A., M. S. Boone, S.-Y. Chen, et al., "Effectiveness of a Cognitive Behavioral Coaching Program Delivered via Video in Real-World Settings," <i>Telemedicine and e-Health</i> (2021): 47–54. https://doi.org/10.1089/tmj.2019.0313 | Population out of scope | Participants with perceived stress |
| Company Data Submission | Owusu, J. T., Wang, P., Wickham, R. E., et al., "Live Messaging Blended Care Coaching: Outcomes Among Adults with Moderate Levels of Depression," Live Research Spotlight Presentation at the 44th Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine, 2023. | Study Design out of scope | Study includes <20 participants |
| Company Data Submission | Penev, T., S. Zhao, J. L. Lee, et al., "The Impact of a Workforce Mental Health Program on Employer Medical Plan Spend: An Application of Cost Efficiency Measurement for Mental Health Care," <i>Population Health Management</i> (2023): 60–71. https://doi.org/10.1089/pop.2022.0240 | Outcome out of scope | Outcomes reported are not in scope of the SLR |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|---|-------------------------------|---|
| Company Data Submission | Schneider, R. A., J. R. Grasso, S.-Y. Chen, et al., "Beyond the Lab: Empirically Supported Treatments in the Real World," <i>Frontiers in Psychology</i> 11 (2020): 1969. https://doi.org/10.3389/fpsyg.2020.01969 | Intervention out of scope | Empirically supported therapies (not specific to CBT-based interventions) |
| Company Data Submission | Wu, M. S., J. Lau, C. Wilks, et al., "Development, Acceptability, and Feasibility of a Digital Module for Coping with COVID-19 Distress: Pragmatic Retrospective Study," <i>Telemedicine Reports</i> 2 (2021): 188–196. https://doi.org/10.1089/tmr.2021.0013 | Population out of scope | COVID-related anxiety and/or depression |
| Company Data Submission | Wu, M., Lau, J., Wilks, C, et al., "Development, Acceptability, and Feasibility of a Digital Module within Blended Care for Coping with COVID-19 Distress," Live presentation at the 56th Association of Cognitive and Behavioral Therapies Convention, 2022. | Population out of scope | COVID-related distress |
| Meru Health | | | |
| Company Data Submission | Allende, Santiago, Valerie L. Forman-Hoffman, and Philippe R. Goldin, "Examining the Temporal Dynamics of Anxiety and Depressive Symptoms During a Therapist-Supported, Smartphone-Based Intervention for Depression: Longitudinal Observational Study," <i>Journal of Clinical Psychology</i> 79, no. 1 (2023): 43-54. https://doi.org/10.1002/jclp.23401 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Economides, Marcos, Kristian Ranta, Outi Hilgert, et al, "The Impact of a Remote Digital Health Intervention for Anxiety and Depression on Occupational and Functional Impairment: An Observational, Pre-post Intervention Study," <i>PsyArXiv</i> (2019). https://doi.org/10.31234/osf.io/rhfpa | Publication type out of scope | Publication is not pot peer-reviewed (published on OSF) |
| Company Data Submission | Forman-Hoffman, Valerie L., Joseph C. Kvedar, and Kristian Ranta, "Potential Benefits of Remote Continuous Care for Depression," <i>International Journal of Digital Health</i> 1, no. 1 (2021): 15. https://doi.org/10.29337/ijdh.39 | Publication type out of scope | Perspective |
| Company Data Submission | Goldin, Philippe R., Riku Lindholm, Kristian Ranta, et al., "Feasibility of a Therapist-Supported, Mobile Phone–Delivered Online Intervention for Depression: Longitudinal Observational Study," <i>JMIR Formative Research</i> 3, no. 1 (2019): e11509. https://doi.org/10.2196/11509 | Setting out of scope | Study setting is ex-US (Finland) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|---|-------------------------|---|
| Company Data Submission | Nelson, Benjamin W., Valerie L. Forman-Hoffman, and Nicholas C. Peiper, "Preliminary Effectiveness of a Therapist-Supported Digital Mental Health Intervention in Reducing Suicidal Ideation," <i>Archives of Suicide Research</i> 28, no. 3 (2024): 934–947. https://doi.org/10.1080/13811118.2023.2262540 | Population out of scope | Participants with suicidal ideation |
| Company Data Submission | Raevuori, Anu, Valerie Hofman-Roddman, Philippe Goldin, et al., "Smartphone-Delivered, Therapist-Supported Digital Health Intervention for Physicians with Burnout," <i>Journal of Medical Practice Management</i> (2020): 352–358. | Population out of scope | Physicians with burnout |
| Company Data Submission | Raevuori, Anu, Tero Vahlberg, Tellervo Korhonen, et al., "A Therapist-Guided Smartphone App for Major Depression in Young Adults: A Randomized Clinical Trial," <i>Journal of Affective Disorders</i> 286 (2021): 228–238. https://doi.org/10.1016/j.jad.2021.02.007 | Population out of scope | Subpopulation (university/college students) |
| Modern Health | | | |
| Company Data Submission | Brody, L., Molly Nowels, M. McDarby, et al., "Predictors of Engagement in Stepped mHealth Mental Health Care in Patients with Elevated Psychological Distress," Presentation at the Association for Behavioral and Cognitive Therapies 57th Annual Convention, 2023. | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Castro Sweet, C., S. J. Sagui-Henson, B. J. Smith, et al., "Understanding Physical Health Complexities of Mental Health App Users: A Prospective, Observational Study," Presented at the 11th Scientific Meeting of the International Society for Research on Internet Interventions, 2022. | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Castro Sweet, C. M., E. Wang, M. Prescott, et al., "Impact of Online Group Psychoeducation and Support Sessions on Receptivity Towards Digital Mental Health Care During the COVID-19 Pandemic," <i>Annals of Behavioral Medicine</i> , Supp_1 (2022): S140. https://doi.org/10.1093/abm/kaac014 | Population out of scope | COVID-related anxiety and/or depression |
| Company Data Submission | Castro Sweet, C., B. Smith, S. Sagui-Henson, et al., "Burnout Risk and Improvement Among Employees Engaged in Digital Mental Health Services," Presentation at the American Psychological Association 2023 Convention. | Outcome out of scope | Outcomes reported are not in scope of the SLR |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|---|-------------------------|---|
| Company Data Submission | Castro Sweet, C., S. J. Sagui-Henson, J. Corcoran, et al., "Implementation Challenges in the Translation of Science from Research to Practice in Mental Health," Presentation at the 44th Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine, 2023. | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Kozlov, E., M. McDarby, M. Prescott, et al., "Assessing the Care Modality Preferences and Predictors for Digital Mental Health Treatment Seekers in a Technology-Enabled Stepped Care Delivery System: Cross-Sectional Study," <i>JMIR Formative Research</i> 5, no. 9 (2021). https://doi.org/10.2196/30162 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Kozlov, E., M. McDarby, M. Prescott, et al., "Assessing the Care Modality Preferences and Predictors for Digital Mental Health Treatment Seekers in a Technology-Enabled Stepped Care Delivery System: Cross-Sectional Study," Presentation at the American Psychological Association Technology, Mind, & Society 2021 Conference. https://bit.ly/3BdkwD0 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Magid, K., S. J. Sagui-Henson, C. Castro Sweet, et al., "The Impact of Digital Mental Health Services on Loneliness and Mental Health: Results from a Prospective, Observational Study," <i>International Journal of Behavioral Medicine, Special Issue: Social Isolation and Loneliness in Acute and Chronic Illness</i> , (2023). https://doi.org/10.1007/s12529-023-10204-y | Population out of scope | Includes participants with subclinical symptoms (without stratifying results) |
| Company Data Submission | Magid, K., S. J. Sagui-Henson, C. Castro Sweet, et al., "Loneliness, Mental Health, and Well-Being: Exploring the Role of Digital Mental Health," Presentation at the 44th Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine, 2023. | Population out of scope | Includes participants with subclinical symptoms (without stratifying results) |
| Company Data Submission | Maistrello, G., W. D. Phillips, D. S. Lee, et al., "Utilization and Engagement with an Employer-Provided Digital Mental Health Platform: An International Perspective," <i>Digital Health</i> 10 (2024): 20552076241277180. https://doi.org/10.1177/20552076241277180 | Population out of scope | Includes participants with subclinical symptoms (without stratifying results) |
| Company Data Submission | Maistrello, G., W. D. Phillips, D. S. Lee, et al., "Utilization and Engagement with an Employer-Provided Digital Mental Health Platform: An International Perspective," Presentation at the International Society of Research on Internet Interventions 12th Annual Scientific Meeting, 2024. | Population out of scope | Includes participants with subclinical symptoms (without stratifying results) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------|---|
| Company Data Submission | Mitchell, A., Sagui-Henson, S. J., Castro Sweet, et al., "Changes in Indicators of Positive Psychological Health Among Users of a Digital Mental Health Service," Presentation at the 44th Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine, 2023. | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Prescott, M., Agen, M., and Altman, M, "Real World Engagement and Effectiveness of a Stepped Care Digital Mental Health Benefit During the COVID-19 Pandemic," Presentation at the 2021 American Public Health Association Annual Meeting & Expo. https://apha.confex.com/apha/2021/meetingapp.cgi/Paper/502978 | Population out of scope | COVID-related anxiety and/or depression |
| Company Data Submission | Sagui-Henson, S. J., Welcome Chamberlain, C. E., Smith, B. J., et al., "Understanding Components of Therapeutic Alliance and Well-Being from Use of a Global Digital Mental Health Benefit During the COVID-19 Pandemic: Longitudinal Observational Study," <i>Journal of Technology in Behavioral Science</i> (2022). https://doi.org/10.1007/s41347-022-00263-5 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Sagui-Henson, S. J., Prescott, M. R., Corcoran, J. B., et al., "Effectiveness of Evidence-Based Coaching Delivered Through an Employer-Sponsored Mental Health Benefits Platform," <i>Telemedicine and e-Health</i> 28, no. 4 (2022): 486-494. https://doi.org/10.1089/tmj.2020.0555 | Population out of scope | COVID-related anxiety and/or depression |
| Company Data Submission | Sagui-Henson, S. J., Corcoran, J. B., Pillai, S., et al., "Clinical Effectiveness of Evidence-Based Coaching Delivered Through an Employer-Sponsored Mental Health Benefits Platform [Abstract]," <i>Annals of Behavioral Medicine</i> 55, Supplement 1 (2021): S1–S618. https://doi.org/10.1093/abm/kaab020 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Sagui-Henson, S. J., Welcome Chamberlain, C. E., Castro Sweet, C., et al., "Psychosocial Profiles and Social Identities of Users of a Digital Mental Health Platform," Presented at the Society for Digital Mental Health Annual Meeting, 2022. https://osf.io/xp4wc/ | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Sagui-Henson, S., Prescott, M., Welcome Chamberlain, C. E., et al., "Therapeutic Alliance and Well-Being from Use of a Global Digital Mental Health Benefit During the COVID-19 Pandemic," <i>Psychosomatic Medicine</i> 84, no. 5 (2022): A1-A153. https://doi.org/10.1097/psy.0000000000001095 | Outcome out of scope | Outcomes reported are not in scope of the SLR |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|---|---|---------------------------|--|
| Company Data Submission | Sagui-Henson, S., Welcome Chamberlain, C., Jackson, J., et al., "Designing and Evaluating Employer-Sponsored Digital Mental Health Services to Promote Global Accessibility and Health Equity," Presented at the Society for Digital Mental Health Annual Meeting, 2023. | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Sagui-Henson, S. J., Welcome Chamberlain, C. E., DeVito, S., et al., "Global Engagement and Outcomes from an Employer-Sponsored Digital Mental Health Platform: A Retrospective Study," Presented at the Society for Digital Mental Health Annual Meeting, 2024. | Population out of scope | Includes participants with subclinical symptoms (without stratifying results) |
| Company Data Submission | Sweet, C. M. C., Li, E. J., Sagui-Henson, S., et al., "Impact of Online Group Psychoeducation and Support Sessions on Receptivity Towards Digital Mental Health Care During the COVID-19 Pandemic: A Pilot Study," <i>Journal of Technology in Behavioral Science</i> (2022). https://doi.org/10.1007/s41347-022-00281-3 | Population out of scope | COVID-related anxiety and/or depression |
| Company Data Submission | Welcome Chamberlain, C. E., Lindsay, S., Smith, B. J., et al., "Longitudinal Changes in Physical Activity Engagement and Mental Health Outcomes in a Sample of Digital Mental Health Platform Users," Presented at the Southwest Chapter of the American College of Sports Medicine Annual Meeting, 2022. https://digitalcommons.wku.edu/ijesab/vol14/iss2/91 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Otsuka Precision Health (Rejoyn) | | | |
| Company Data Submission | Han, Xue, Lisa Abramovitz, Minyi Lu, et al., "Prevalence of Major Depressive Disorder and Access to Psychotherapy Services Among Major Depressive Disorder Patients in the United States," Poster Presented at ASCP Annual Meeting, Miami Beach, FL, May 30-June 2, 2023. | Intervention out of scope | Report only includes prevalence of MDD and does not include an intervention |
| Company Data Submission | Hoch, Megan M., Gaëlle E. Doucet, Dominik A. Moser, et al., "Initial Evidence for Brain Plasticity Following a Digital Therapeutic Intervention for Depression," <i>Chronic Stress</i> 3 (2019): 2470547019877880. | Study Design out of scope | Study includes <20 participants |
| Company Data Submission | Iacoviello, Brian M., Gang Wu, Evan Alvarez, et al., "Cognitive-Emotional Training as an Intervention for Major Depressive Disorder," <i>Depression and Anxiety</i> 31, no. 8 (2014): 699–706. | Publication date | Study was published in 2014 (manuscripts were included if published between 2018-2024) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------------|--|
| Company Data Submission | Lu, Minyi, Barinder Singh, Pankaj Rai, et al., "Relative Efficacy and Safety of Adjunctive CT-152 in Patients with Major Depressive Disorder (MDD): Systematic Review and Network Meta-Analysis," Poster presented at the 37th Annual Psych Congress, Boston, MA, October 29–November 2, 2024. | Publication type out of scope | Abstract/poster for an SLR |
| Company Data Submission | Lu, Minyi, Barinder Singh, Pankaj Rai, et al., "Comparative Efficacy and Safety of Adjunctive CT-152 in Patients with Major Depressive Disorder: A Network Meta-Regression," Poster presented at the 37th Annual Psych Congress, Boston, MA, October 29–November 2, 2024. | Publication type out of scope | Abstract/poster for an SLR |
| Company Data Submission | Rothman, Brian, Mary Slomkowski, Austin Speier, et al., "Evaluating the Efficacy of a Digital Therapeutic (CT-152) as an Adjunct to Antidepressant Treatment in Adults With Major Depressive Disorder: Protocol for the MIRAI Remote Study," <i>JMIR Research Protocols</i> 13 (2024): e56960. https://doi.org/10.2196/56960 | Publication type out of scope | Study protocol |
| Company Data Submission | Vaishnavi, Sandeep, Alex Leow, Veronica Nguyen, et al., "Changes in Neuroplasticity Related to Nonpharmacological Interventions for Major Depressive Disorder: A Systematic Literature Review," Poster presented at the 2024 ASCP Annual Meeting, Miami Beach, FL, May 28–31, 2024. | Publication type out of scope | Abstract/poster for an SLR |
| Spring Health | | | |
| Company Data Submission | Chekroud, Adam M., and John H. Krystal, "Personalised Pharmacotherapy: An Interim Solution for Antidepressant Treatment?" <i>BMJ: British Medical Journal (Online)</i> 350 (2015). https://doi.org/10.1136/bmj.h2502 | Publication date | Study was published in 2015 (manuscripts were included if published between 2018–2024) |
| Company Data Submission | Chekroud, Adam Mourad, Ryan Joseph Zotti, Zarrar Shehzad, et al., "Cross-Trial Prediction of Treatment Outcome in Depression: A Machine Learning Approach," <i>The Lancet Psychiatry</i> 3, no. 3 (2016): 243–250. https://doi.org/10.1016/S22150366(15)00471-X | Publication date | Study was published in 2016 (manuscripts were included if published between 2018–2024) |
| Company Data Submission | Chekroud, Adam M., Ralitza Gueorguieva, Harlan M. Krumholz, et al., "Reevaluating the Efficacy and Predictability of Antidepressant Treatments: A Symptom Clustering Approach," <i>JAMA Psychiatry</i> 74, no. 4 (2017): 370–378. https://doi.org/10.1001/jamapsychiatry.2017.0025 | Publication date | Study was published in 2017 (manuscripts were included if published between 2018–2024) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------------|---|
| Company Data Submission | Chekroud, Adam M, "Bigger Data, Harder Questions—Opportunities Throughout Mental Health Care," <i>JAMA Psychiatry</i> 74, no. 12 (2017): 1183–84. https://doi.org/10.1001/jamapsychiatry.2017.3333 | Publication date | Study was published in 2017 (manuscripts were included if published between 2018-2024) |
| Company Data Submission | Chekroud, Adam M., David Foster, Amanda B. Zheutlin, et al., "Predicting Barriers to Treatment for Depression in a US National Sample: A Cross-Sectional, Proof-of-Concept Study," <i>Psychiatric Services</i> 69, no. 8 (2018): 927–34. https://doi.org/10.1176/appi.ps.201800094 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Chekroud, Adam M., Masha Hawrilenko, Hyejung Loho, et al., "Illusory Generalizability of Clinical Prediction Models," <i>Science</i> 383, no. 6679 (2024): 164–67. https://doi.org/10.1126/science.adg8538 | Population out of scope | Participants with schizophrenia |
| Company Data Submission | Hawrilenko, M., Smolka, C., Ward, E., et al., "Return-on-Investment of Enhanced Behavioral Health Services." <i>JAMA Network Open</i> (2025). https://doi.org/10.1001/jamanetworkopen.2024.57834 | Population out of scope | Mixed populations (included patients with SUD and other diagnoses) |
| Company Data Submission | Ward, Emily J., Maren S. Fragala, Charles E. Birse, et al, "Assessing the Impact of a Comprehensive Mental Health Program on Frontline Health Service Workers," <i>PLOS ONE</i> 18, no. 11 (2023): e0294414. https://doi.org/10.1371/journal.pone.0294414 | Population out of scope | Subpopulation (healthcare workers) |
| Talkspace | | | |
| Company Data Submission | Carlo, Andrew D., Reza Hosseini Ghomi, Brenna N. Renn, et al., "By the Numbers: Ratings and Utilization of Behavioral Health Mobile Applications," <i>NPJ Digital Medicine</i> 2, no. 1 (2019): 54. https://doi.org/10.1038/s41746-019-0129-6 | Publication type out of scope | Study protocol |
| Company Data Submission | Hollan, Jade M., Will Bowling, Robert J. Reese, et al., "Two-Way Messaging for Rural Users: A Cohort Comparison Study," <i>Journal of Rural Mental Health</i> 45, no. 2 (2021): 63. https://doi.org/10.1037/rmh0000175 | Population out of scope | Mixed populations (included participants had a range of mental health concerns, including anxiety, depression, stress, relationship difficulties, bipolar disorder, and PTSD) |
| Company Data Submission | Hull, Thomas D., and Kush Mahan, "A Study of Asynchronous Mobile-Enabled SMS Text Psychotherapy," <i>Telemedicine and e-Health</i> 23, no. 3 (2017): 240–47. https://doi.org/10.1089/tmj.2016.0114 | Publication date | Study was published in 2017 (manuscripts were included if published between 2018-2024) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------|--|
| Company Data Submission | Hull, Thomas D., Jacob Levine, Niels Bantilan, et al., "Analyzing Digital Evidence from a Telemental Health Platform to Assess Complex Psychological Responses to the COVID-19 Pandemic: Content Analysis of Text Messages," <i>JMIR Formative Research</i> 5, no. 2 (2021): e26190. https://doi.org/10.2196/26190 | Population out of scope | COVID-related anxiety and/or depression |
| Company Data Submission | Imel, Zac E., Michael J. Tanana, Christina S. Soma, et al., "Mental Health Counseling from Conversational Content with Transformer-Based Machine Learning," <i>JAMA Network Open</i> 7, no. 1 (2024): e2352590. https://doi.org/10.1001/jamanetworkopen.2023.52590 | Population out of scope | Includes participants with subclinical symptoms (without stratifying results) |
| Company Data Submission | Klomek, Anat Brunstein, Anaëlle Benistri, Yonit Doron, et al., "The Moderating Role of Working Alliance in the Association Between Depression and Suicide Ideation in Messaging Therapy," <i>Telemedicine and e-Health</i> 28, no. 10 (2022): 1479-1488. https://doi.org/10.1089/tmj.2021.0272 | Population out of scope | Participants with suicidal ideation |
| Company Data Submission | Lee, Fei-Tzin, Derrick Hull, Jacob Levine, et al., "Identifying Therapist Conversational Actions Across Diverse Psychotherapeutic Approaches," In <i>Proceedings of the Sixth Workshop on Computational Linguistics and Clinical Psychology</i> , 12-23. 2019. https://doi.org/10.18653/v1/W19-3002 | Publication date | Abstract was published in 2019 (conference abstracts/posters were included if published between 2021-2024) |
| Company Data Submission | Malgaroli, Matteo, Thomas Derrick Hull, Shannon Wiltsey Stirman, et al., "Message Delivery for the Treatment of Posttraumatic Stress Disorder: Longitudinal Observational Study of Symptom Trajectories," <i>Journal of Medical Internet Research</i> 22, no. 4 (2020): e15587. https://doi.org/10.2196/15587 | Population out of scope | Participants with PTSD |
| Company Data Submission | Malgaroli, Matteo, Thomas Derrick Hull, and Katharina Schultebrasucks, "Digital Health and Artificial Intelligence for PTSD: Improving Treatment Delivery Through Personalization," <i>Psychiatric Annals</i> 51, no. 1 (2021): 21-26. https://doi.org/10.3928/00485713-20201203-01 | Population out of scope | Participants with PTSD |
| Company Data Submission | Malgaroli, Matteo, Emily Tseng, Thomas D. Hull, et al., "Association of Health Care Work with Anxiety and Depression During the COVID-19 Pandemic: Structural Topic Modeling Study," <i>JMIR AI</i> 2, no. 1 (2023): e47223. https://doi.org/10.2196/47223 | Population out of scope | Subpopulation (healthcare workers) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------|---|
| Company Data Submission | Malgaroli, Matteo, Thomas D. Hull, James M. Zech, et al., "Natural Language Processing for Mental Health Interventions: A Systematic Review and Research Framework," <i>Translational Psychiatry</i> 13, no. 1 (2023): 309. https://doi.org/10.1038/s41398-023-02592-2 | Population out of scope | Mixed populations (included patients with serious mental illness, PTSD, and suicide risk) |
| Company Data Submission | Malgaroli, Matteo, Thomas D. Hull, Adam Calderon, et al., "Linguistic Markers of Anxiety and Depression in Somatic Symptom and Related Disorders: Observational Study of a Digital Intervention," <i>Journal of Affective Disorders</i> 352 (2024): 133-137. https://doi.org/10.1016/j.jad.2024.02.012 | Population out of scope | Participants with somatic and pain disorders |
| Company Data Submission | Nguyen, Vivian, Sang Min Jung, Lillian Lee, et al., "Taking a Turn for the Better: Conversation Redirection Throughout the Course of Mental-Health Therapy," <i>Findings of the Association for Computational Linguistics: EMNLP</i> (2024): 9507–9521. https://doi.org/10.18653/v1/2024.findings-emnlp.555 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Nook, Erik C., Thomas D. Hull, Matthew K. Nock, et al., "Linguistic Measures of Psychological Distance Track Symptom Levels and Treatment Outcomes in a Large Set of Psychotherapy Transcripts," <i>Proceedings of the National Academy of Sciences</i> 119, no. 13 (2022): e2114737119. https://doi.org/10.1073/pnas.2114737119 | Population out of scope | Includes participants with subclinical symptoms (without stratifying results) |
| Company Data Submission | Ren, Xinyang, Hannah A. Burkhardt, Patricia A. Areán, et al., "Deep Representations of First-Person Pronouns for Prediction of Depression Symptom Severity," In <i>AMIA Annual Symposium Proceedings</i> , vol. 2023, p. 1226. American Medical Informatics Association, 2023. | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Stirman, Shannon Wiltsey, Jiyoung Song, Thomas D. Hull, et al., "Open Trial of an Adaptation of Cognitive Processing Therapy for Message-Based Delivery," <i>Technology, Mind, and Behavior</i> 2, no. 1 (2021). https://doi.org/10.1037/tmb0000016 | Population out of scope | Participants with PTSD |
| Company Data Submission | Zech, James M., Robert Steele, Victoria K. Foley, et al., "Automatic Rating of Therapist Facilitative Interpersonal Skills in Text: A Natural Language Processing Application," <i>Frontiers in Digital Health</i> 4 (2022): 917918. https://doi.org/10.3389/fdgth.2022.917918 | Population out of scope | Therapists are target population |
| Company Data Submission | Zech, James M., Morgan Johnson, Michael D. Pullmann, et al., "An Integrative Engagement Model of Digital Psychotherapy: Exploratory Focus Group Findings," <i>JMIR Formative Research</i> 7 (2023): e41428. https://doi.org/10.2196/41428 | Outcome out of scope | Outcomes reported are not in scope of the SLR |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------|--|
| Company Data Submission | Zech, James, Victoria Kaitlin Foley, Thomas D. Hull, et al., "Assessing the Quality of Digital Patient-Therapist Communication: The Development and Validation of a Text-Based Facilitative Interpersonal Skills Task," <i>Psychotherapy Research</i> 33, no. 6 (2023): 743–756. https://doi.org/10.1080/10503307.2022.2156305 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Teladoc Health | | | |
| Company Data Submission | Abhulimen, Sese, and Abigail Hirsch, "Quantifying the Economic Impact of a Digital Self-Care Behavioral Health Platform on Missouri Medicaid Expenditures," <i>Journal of Medical Economics</i> 21, no. 11 (2018): 1084-1090. https://doi.org/10.1080/13696998.2018.1510834 | Outcome out of scope | Outcomes reported are not in scope of the SLR |
| Company Data Submission | Ahmedani, Brian K., Terri Belville-Robertson, Abigail Hirsch, et al., "An Online Mental Health and Wellness Intervention Supplementing Standard Care of Depression and Anxiety," <i>Archives of Psychiatric Nursing</i> 30, no. 6 (2016): 666-670. https://doi.org/10.1016/j.apnu.2016.03.003 | Publication date | Study was published in 2016 (manuscripts were included if published between 2018-2024) |
| Company Data Submission | Chiu, Christina, Elina Dzubur, Yichen Wang, et al., "Micropersonalization in Digital Mental Health: A Vehicle for Improving Member Outcomes," Paper presented at the 11th Scientific Meeting of the International Society for Research on Internet Interventions, September 2022. | Population out of scope | Includes participants with subclinical symptoms (without stratifying results) |
| Company Data Submission | Dzubur, E., J. Yu, R. James, et al., "The Effect of a Digital Health Program on Mental Health Among Participants with Severe Depression and Anxiety," APHA 2021. | Population out of scope | Participants with severe anxiety or depression only |
| Company Data Submission | Dzubur, E., S. Dama, R. James, et al., "Poster Session D: Additive Effects of Multiple Health Behavior Interventions on Engagement: A 24-Month Large-Scale Within-Subjects Study," <i>Annals of Behavioral Medicine</i> 57, no. Supplement_1 (2023). https://doi.org/10.1093/abm/kaad011 | Population out of scope | Participants with other chronic conditions |
| Company Data Submission | Dzubur, E., R. James, D. Cooper, et al., "Long-Term Benefits of Digital Mental Health Program Use During Months of Poor Chronic Disease Management," <i>Annals of Behavioral Medicine</i> 58, no. Supplement_1 (2024). https://doi.org/10.1093/abm/kaae014 | Population out of scope | Participants with other chronic conditions |
| Company Data Submission | Hirsch, A., Luellen, J., Holder, J. M., et al., "Managing Depressive Symptoms in the Workplace Using a Web-Based Self-Care Tool: A Pilot Randomized Controlled Trial," <i>JMIR Research Protocols</i> 6, no. 4 (2017). https://doi.org/10.2196/resprot.7203 | Publication date | Study was published in 2017 (manuscripts were included if published between 2018-2024) |

| Source | Full Reference | Reason for Exclusion | Details on Reason for Exclusion |
|-------------------------|--|-------------------------|--|
| Company Data Submission | Hirsch, A., Albright, J., and Link, A, "Digital Tools for Chronic Pain Management: An Innovative Approach to Building Awareness of Non-Opioid Based Pain Management Techniques," ISPOR: Baltimore, MD; 2018. | Population out of scope | Participants suffering from chronic pain |
| Company Data Submission | Link, A., and A. Hirsch, "Cost Impact of the Statewide Introduction of a Digital Behavioral Health Tool: Results of an Evaluation of myStrength in the State of Missouri," ISPOR, Baltimore, MD, 2018. | Publication date | Abstract was published in 2018 (conference abstracts/posters were included if published between 2021-2024) |
| Company Data Submission | Link, A., A. Lukowski, and A. Hirsch, "The Addition of Asynchronous Chat-Based Coaching to a Digital Health Tool Promotes Support and Personalization," Connected Health Conference, Boston, MA, 2018. | Publication date | Abstract was published in 2018 (conference abstracts/posters were included if published between 2021-2024) |
| Company Data Submission | Schladweiler, K., Hirsch, A., Jones, E., et al., "Real-World Outcomes Associated with a Digital Self-Care Behavioral Health Platform," <i>Annals of Clinical Research and Trials</i> 1, no. 2 (2017): 1-5. | Publication date | Study was published in 2017 (manuscripts were included if published between 2018-2024) |

Notes: AI = artificial intelligence. CBT = cognitive behavioral therapy. HIV = human immunodeficiency virus. MDD = major depressive disorder. PTSD = post-traumatic stress disorder. SLR = systematic literature review. SUD = substance use disorder. UK = United Kingdom. US = United States.

Appendix B-3 – 18 Company-specific Citations with Healthcare Resource Utilization Claims

| Source | Full Reference |
|-------------------------|---|
| DaylightRx | |
| Company data submission | Darden, Michael, Jenna R. Carl, Jasper A.J. Smits, et al., "Cost-Effectiveness of Automated Digital CBT (Daylight) for Generalized Anxiety Disorder: A Markov Simulation Model in the United States," <i>PLOS Mental Health</i> 1, no. 3 (2024): e0000116. https://doi.org/10.1371/journal.pmen.0000116 |
| Headspace | |
| Company data submission | Accorded, "Headspace Care Cost Impact Report," 2022. https://5327495.fs1.hubspotusercontent-na1.net/hubfs/5327495/Headspace-Care-Cost-Impact-Analysis.pdf |
| Lyra | |
| Company data submission | Aon, "Lyra Health Cost Efficiency Analysis: The Impact of Lyra EAP Services on Employer Medical Plan Spend in 2018 and 2019," September 2021. |
| Company data submission | Aon, "Lyra Health Claims Behavioral Cost Impact of Behavioral Health Services 2021 Cost Efficiency Measurement," July 2024. https://cdn.intelligencebank.com/us/share/d23K/AE0L1/OBWJ3/original/Aon-Report-Claims-Cost-Impact-of-Behavioral-HealthServices?mkt_tok=MzU5LUdRUi01MDIAAAGZAKWAqMaNCKGh-R4akFSqaiu8E-gygEgwDGxeNq8A7E4Z_tvfPg0il1oAen4Kt98yxTTbEuGc6hfEXSQV-GAS6u9bZZWfETQ-96BWI74BqK3eg |
| Company data submission | Aon, "Lyra Health Claims Cost Impact of Behavioral Health Services 2018–2021 Cost Efficiency Measurement," May 2024. https://cdn.intelligencebank.com/us/share/d23K/AE0L1/RYPow/original/MDC-6160-Aon-Report?mkt_tok=MzU5LUdRUi01MDIAAAGZAKR2QfdRT7SNhvAV80vFkhQs_u1icJ8G3LPD_McNxLkUnAFfBvgmS26KWLvjuXj4S1WkGRdRTUenvjmhW3oMovyuqoHYkx4HzsGRMqfmaUA |
| Meru Health | |
| Company data submission | Meru Health, "Meru Health Works with Stanford and Harvard to Provide Significant Clinical Results and Cost Savings," June 15, 2020. https://get.meruhealth.com/wp-content/uploads/2022/10/MeruHealthCostSavingsWhitepaper.pdf |
| Modern Health | |
| Company data submission | Prescott, Maximo R., Sara J. Sagui-Henson, Camille E. Welcome Chamberlain, et al., "Real World Effectiveness of Digital Mental Health Services During the COVID-19 Pandemic," <i>PloS One</i> 17, no. 8 (2022): e0272162. https://doi.org/10.1371/journal.pone.0272162 |
| Spring Health | |
| Company data submission | Hawrilenko, Matt, Casey Smolka, Emily Ward, et al., "Return on Investment of Enhanced Behavioral Health Services," <i>JAMA Network Open</i> 8, no. 2 (2025): e2457834. https://doi.org/10.1001/jamanetworkopen.2024.57834 |
| Company data submission | Santa Barbara Actuaries, "Analysis of Spring Health's Impact on Health Plan Claims Costs," June 2022. https://lp.springhealth.com/hubfs/SBA-Spring%20White%20Paper%20Claims%20Costs%20FINAL%20JUN%2010%202022%20(3).pdf |
| Company data submission | Validation Institute, "2023 Validation Report Review for: Spring Health," 2023. https://8056012.fs1.hubspotusercontent-na1.net/hubfs/8056012/Spring_Health_Savings_Final_2023.pdf |

| Source | Full Reference |
|-------------------------|---|
| Company data submission | Validation Institute, "2024 Validation Institute Review for: Spring Health," 2024. |
| Company data submission | Bondar, Julia, Cecina Babich Morrow, Ralitza Gueorguieva, et al., "Clinical and Financial Outcomes Associated with a Workplace Mental Health Program Before and During the COVID-19 Pandemic," <i>JAMA Network Open</i> 5, no. 6 (2022): e2216349. https://doi.org/10.1001/jamanetworkopen.2022.16349 |
| Talkspace | |
| Company data submission | Validation Institute, "2024 Validation Report Review for: Talkspace," 2024. https://b2b.talkspace.com/hubfs/Content/Reports/Talkspace%20ROI%20Calculator%20-%20Certified%20by%20the%20Validation%20Institute.pdf?hsCtaTracking=dd4dbee5-d71d-4ae4-92e6-20a2ee67a3a3%7C2a5d1e07-baf0-4c11-8ba8-7e688dff9e98 |
| Teladoc | |
| Company data submission | Abhulimen, Sese, and Abigail Hirsch, "Quantifying the Economic Impact of a Digital Self-Care Behavioral Health Platform on Missouri Medicaid Expenditures," <i>Journal of Medical Economics</i> 21, no. 11 (2018): 1084–1090. https://doi.org/10.1080/13696998.2018.1510834 |

Appendix C – Risk of Bias Ratings for SLR Studies

Appendix C-1: Risk of Bias Ratings using the Cochrane Collaboration Risk of Bias in Randomized Trials Version 2 (ROB2)

| Study Articles | Overall rating | Random sequence generation | Deviation from intended intervention bias | Missing outcome data | Outcomes measurement bias | Selective reporting |
|--|----------------|----------------------------|---|----------------------|---------------------------|---------------------|
| Big Health | | | | | | |
| Carl 2020; Wong 2023* | Low | Low | Low | Low | Low | Low |
| Hall 2024* | N/A | N/A | N/A | N/A | N/A | N/A |
| FDA, K233872, (Daylight) | N/A | N/A | N/A | N/A | N/A | N/A |
| Headspace | | | | | | |
| Abbott 2023 | Some | Low | Low | Some | Low | Low |
| Headspace; Amwell (SilverCloud) | | | | | | |
| Horwitz 2024 | Low | Low | Low | Low | Low | Low |
| Meru Health | | | | | | |
| Forman-Hoffman 2024a | Low | Low | Low | Low | Low | Low |
| Optum (AbleTo) | | | | | | |
| Moberg 2019 | Some | Low | Low | Some | Low | Low |
| Renn 2022* | N/A | N/A | N/A | N/A | N/A | N/A |
| Renn 2024 | Low | Low | Low | Low | Low | Low |
| Rejoyn | | | | | | |
| Iacoviello 2018 | Low | Low | Low | Low | Low | Low |
| Rothman 2024, Cochran 2024a/b/c, FDA, K231209, (Rejoyn) | Low | Low | Low | Low | Low | Low |
| Talkspace | | | | | | |
| Areán 2024; Griffith Fillipo 2022 | Some | Low | Low | Some | Low | Low |
| Song 2023 | Low | Low | Low | Low | Low | Low |
| Other | | | | | | |
| Bisconti 2024 | High | High | High | High | High | High |
| Cavanagh 2018; Germanita 2018; Jonassaint 2020; Rotondi 2024 | Low | Low | Low | Low | Low | Low |
| Chang 2023b ^a | N/A | N/A | N/A | N/A | N/A | N/A |
| Crawford 2024* | N/A | N/A | N/A | N/A | N/A | N/A |

| Study Articles | Overall rating | Random sequence generation | Deviation from intended intervention bias | Missing outcome data | Outcomes measurement bias | Selective reporting |
|--|----------------|----------------------------|---|----------------------|---------------------------|---------------------|
| Dahne 2019a | Low | Low | Low | Low | Low | Low |
| Dahne 2019b | Some | Low | Low | Low | Low | Some |
| Davis 2024 | Some | Low | Some | Low | Low | Low |
| Forand 2018; Forand 2019 ^a | Low | Low | Low | Low | Low | Low |
| Graham 2020 | Low | Low | Low | Low | Low | Low |
| Hanuka 2023 | Low | Low | Low | Low | Low | Low |
| Hey 2023*; Hey 2024* | N/A | N/A | N/A | N/A | N/A | N/A |
| Kannampallil 2023; Lv 2023 | Some | Low | Some | Low | Low | Low |
| Mason 2023 | Low | Low | Low | Low | Low | Low |
| Mohr 2019a; Nicholas 2019; Nicholas 2021 | Low | Low | Low | Low | Low | Low |
| Mohr 2019b | Low | Low | Low | Low | Low | Low |
| Mullarkey 2020 | Low | Low | Low | Low | Low | Low |
| Murillo 2020 | Some | Low | Some | Low | Low | Low |
| Morthland 2020; Shah 2018 | Some | Low | Low | Some | Low | Low |
| Pratap 2018 | High | High | Some | Low | Low | Low |
| Santopetro 2024 | Some | Low | Some | Low | Low | Some |
| Schure 2019; Schure 2020 | Low | Low | Low | Low | Low | Low |
| Segal 2020 | Low | Low | Low | Low | Low | Low |
| Spencer-Laitt 2024 ^a | N/A | N/A | N/A | N/A | N/A | N/A |
| Stiles-Shields 2019 | Low | Low | Low | Low | Low | Low |
| Stuart 2022 | Some | Low | Low | Some | Low | Low |
| Sweet 2021 | Low | Low | Low | Low | Low | Low |
| Thase 2018 | Low | Low | Low | Low | Low | Low |
| Xiang 2024a/b | Low | Low | Low | Low | Low | Low |
| Wright 2022 | Low | Low | Low | Low | Low | Low |

Notes: N/A = not applicable. See Appendix A for detailed rating information. * Indicates conference abstract/poster. ^a Was not included in data extraction.

Appendix C-2: Risk of Bias Ratings using the Newcastle-Ottawa Scale (NOS)

| Study Articles | Overall rating | Group Selection | Group Comparability | Outcome/Exposure Assessment |
|---------------------------------------|----------------|-----------------|---------------------|-----------------------------|
| Amwell (SilverCloud) | | | | |
| Sharif-Sidi 2021 | Low | +++ | N/A | ++ |
| Brightside Health | | | | |
| Belanger 2022a | Low | +++ | N/A | ++ |
| Belanger 2022b | Low | +++ | N/A | ++ |
| Dario | | | | |
| Fundoiano-Hershcovitz 2023 | Low | +++ | N/A | +++ |
| Stoeckl 2023 | N/A | N/A | N/A | N/A |
| Ward 2022 | N/A | N/A | N/A | N/A |
| Headspace | | | | |
| Kunkle 2020 | Low | +++ | N/A | ++ |
| Kunkle 2021 | High | +++ | N/A | + |
| Shih 2022a | High | +++ | N/A | + |
| Shih 2022b | Low | +++ | N/A | ++ |
| Koa Health | | | | |
| Wilhelm 2024 | Low | +++ | N/A | +++ |
| Lyra Health | | | | |
| Das 2022 | Low | +++ | N/A | ++ |
| Espel-Huynh 2024 | Low | +++ | N/A | ++ |
| Grasso 2022 | Low | +++ | N/A | ++ |
| Lee 2025 | Low | +++ | N/A | +++ |
| Lungu 2022 | Low | +++ | N/A | ++ |
| Lungu 2020 | Low | +++ | N/A | ++ |
| Owusu 2022a; Owusu 2022b | Low | +++ | N/A | ++ |
| Owusu 2023 | Low | +++ | N/A | ++ |
| Schneider 2020 | Low | +++ | N/A | +++ |
| Wu 2021a | Low | +++ | N/A | ++ |
| Wu 2021b | Low | +++ | N/A | ++ |
| Wu 2022 | Low | +++ | N/A | ++ |
| Wu 2024 | Low | +++ | N/A | ++ |
| Meru Health | | | | |
| Alfaro 2024; Gould 2021a; Gould 2021b | Low | +++ | N/A | ++ |
| Aschbacher 2023 | Some | ++ | N/A | +++ |
| Economides 2019 | Low | +++ | N/A | ++ |
| Economides 2020 | Low | +++ | + | +++ |
| Forman-Hoffman 2021 | Low | +++ | N/A | +++ |
| Hornstein 2021 | Some | ++ | N/A | +++ |
| Nelson 2024a | Low | +++ | N/A | ++ |
| Nelson 2024b | Low | +++ | N/A | ++ |
| Peiper 2023 | Low | +++ | N/A | +++ |
| Pettitt 2024 | Low | +++ | N/A | +++ |

| Study Articles | Overall rating | Group Selection | Group Comparability | Outcome/Exposure Assessment |
|--|----------------|-----------------|---------------------|-----------------------------|
| Modern Health | | | | |
| Nowels 2024; Sagui Henson 2024; Nowels 2023 ^a ; Sagui-Henson 2023 ^a | Low | +++ | N/A | +++ |
| Prescott 2022 | High | +++ | N/A | + |
| Roos 2024; Roos 2023* | Low | +++ | N/A | +++ |
| Optum (AbleTo) | | | | |
| Anton 2021 | High | +++ | N/A | + |
| Anton 2022 | N/A | N/A | N/A | N/A |
| Spring Health | | | | |
| Bondar 2022 | Low | +++ | N/A | ++ |
| Talkspace | | | | |
| Choudary 2023* | N/A | N/A | N/A | N/A |
| DellaCrosse 2018 | Low | +++ | N/A | ++ |
| Darnell 2022 | Some | ++ | N/A | +++ |
| Hull 2020 | Some | ++ | N/A | +++ |
| Nitzburg 2018 | Some | ++ | N/A | +++ |
| Raue 2022 | Low | +++ | N/A | +++ |
| Teladoc | | | | |
| Dzubur 2023 | Low | +++ | N/A | ++ |
| Other | | | | |
| Bress 2024* | N/A | N/A | N/A | N/A |
| Camacho 2023 | High | +++ | N/A | + |
| Chang 2023a | Low | +++ | N/A | +++ |
| Chen 2020 | Low | +++ | ++ | ++ |
| Chiauzzi 2024; Forman-Hoffman 2023; Forman-Hoffman 2024b; Pajarito 2023* | Low | +++ | N/A | +++ |
| Chen 2024 | Low | +++ | N/A | +++ |
| Ezawa 2023 | Low | +++ | N/A | ++ |
| Ferguson 2024 | High | +++ | N/A | + |
| McCallum 2024 | Some | ++ | N/A | +++ |
| Mehta 2021 | Low | +++ | N/A | +++ |
| Oser 2019 | Low | +++ | N/A | +++ |
| Venkatesan 2020 | Low | +++ | N/A | ++ |
| Xiang 2021 ^a | N/A | N/A | N/A | N/A |
| Yu 2018 | Low | +++ | N/A | ++ |

Notes: N/A = not applicable. More + indicates better evidence quality (lower risk of bias). See Appendix A for detailed rating information * Indicates conference abstract/poster. ^a Was not included in data extraction.

Key:
MCID threshold met

Appendix D – Key Comparator Studies with PHQ-9 Outcomes

| Publication | Company Name | Risk of Bias | Total N, Study | Analysis Population | Treatment Arm | Total N, Arm | Timepoint | Baseline Score Mean (SD) | Follow-Up Score Mean (SD) | Within Group Change from Baseline | | Between Group Difference in Change from Baseline | |
|---------------------|--------------|--------------|----------------|---------------------|---------------|--------------|-----------|--------------------------|---------------------------|-----------------------------------|---------|--|---------|
| | | | | | | | | | | Mean | p-value | Mean | p-value |
| Self-Guided Content | | | | | | | | | | | | | |
| No Psychotherapy | | | | | | | | | | | | | |
| Davis 2024 | N/A | Moderate | 93 | Completers | DHT | 47 | 2 weeks | 15.1 (4.10) | 9.8 (4.70) | -5.3 | N/R | -0.4 | N/R |
| | | | | | Control | 46 | 2 weeks | 16.2 (4.30) | 11.3 (4.90) | -4.9 | N/R | N/R | N/R |
| | | | | | DHT | 47 | 4 weeks | 15.1 (4.10) | 8.7 (4.50) | -6.4 | N/R | -1.8 | N/R |
| | | | | | Control | 46 | 4 weeks | 16.2 (4.30) | 11.6 (5.10) | -4.6 | N/R | N/R | N/R |
| Forand 2018 | N/A | Low | 90 | mITT | DHT | 59 | 3 weeks | 16.55 (3.99) | 11.77 (4.60) | -4.78 | N/R | -0.84 | N/R |
| | | | | | Control | 30 | 3 weeks | 18.22 (4.84) | 14.28 (5.35) | -3.94 | N/R | N/R | N/R |
| | | | | | DHT | 59 | 5 weeks | 16.55 (3.99) | 8.42 N/R | -8.13 | N/R | -3.84 | N/R |
| | | | | | Control | 30 | 5 weeks | 18.22 (4.84) | 13.93 N/R | -4.29 | N/R | N/R | N/R |
| | | | | | DHT | 59 | 8 weeks | 16.55 (3.99) | 6.45 (4.20) | -10.10 | N/R | -6.63 | <0.001 |
| | | | | | Control | 30 | 8 weeks | 18.22 (4.84) | 14.75 (6.68) | -3.47 | N/R | N/R | N/R |
| Graham 2020 | N/A | Low | 146 | ITT | DHT | 74 | 4 weeks | 14.0 (5.00) | 9.0 (5.00) | -5.0 | N/R | -3.3 | N/R |
| | | | | | Control | 72 | 4 weeks | 13.6 (5.20) | 11.9 (5.60) | -1.7 | N/R | N/R | N/R |
| | | | | | DHT | 74 | 8 weeks | 14.0 (5.00) | 7.2 (5.50) | -6.8 | N/R | -4.6 | N/R |
| | | | | | Control | 72 | 8 weeks | 13.6 (5.20) | 11.4 (6.60) | -2.2 | N/R | N/R | N/R |
| Hanuka 2023 | N/A | Low | 52 | ITT | DHT | 26 | 10 weeks | 13.77 (3.44) | 7.3 (4.97) | -6.47 | N/R | -2.74 | N/R |
| | | | | | Control | 26 | 10 weeks | 14.19 (3.23) | 10.46 (4.85) | -3.73 | N/R | N/R | N/R |
| Murillo 2020 | N/A | Moderate | 29 | Completers | DHT | 15 | 8 weeks | 10.55 (3.48) | 6.18 (3.46) | -4.37 | 0.01 | -2.56 | N/R |
| | | | | | Control | 14 | 8 weeks | 12.36 (4.65) | 10.55 (5.07) | -1.81 | 0.172 | N/R | N/R |

| Publication | Company Name | Risk of Bias | Total N, Study | Analysis Population | Treatment Arm | Total N, Arm | Timepoint | Baseline Score Mean (SD) | Follow-Up Score Mean (SD) | Within Group Change from Baseline | | Between Group Difference in Change from Baseline | |
|---------------------|----------------|--------------|----------------|---------------------|---------------|--------------|-----------|--------------------------|---------------------------|-----------------------------------|---------|--|---------|
| | | | | | | | | | | Mean | p-value | Mean | p-value |
| Renn 2024 | Optum (AbleTo) | Low | 280 | Subgroup | DHT | 79 | 2 weeks | 15.30 (0.63) | 11.37 (0.66) | -3.93 | N/R | -1.70 | N/R |
| | | | | | Control | 201 | 2 weeks | 14.36 (0.38) | 12.13 (0.44) | -2.23 | N/R | N/R | N/R |
| | | | | | DHT | 79 | 4 weeks | 15.30 (0.63) | 10.05 (0.66) | -5.25 | N/R | -2.79 | N/R |
| | | | | | Control | 201 | 4 weeks | 14.36 (0.38) | 11.90 (0.44) | -2.46 | N/R | N/R | N/R |
| | | | | | DHT | 79 | 6 weeks | 15.30 (0.63) | 9.43 (0.66) | -5.87 | N/R | -2.38 | N/R |
| | | | | | Control | 201 | 6 weeks | 14.36 (0.38) | 10.87 (0.44) | -3.49 | N/R | N/R | N/R |
| | | | | | DHT | 79 | 8 weeks | 15.30 (0.63) | 9.20 (0.67) | -6.1 | N/R | -3.33 | N/R |
| | | | | | Control | 201 | 8 weeks | 14.36 (0.38) | 11.59 (0.67) | -2.77 | N/R | N/R | N/R |
| Stiles-Shields 2019 | N/A | Low | 30 | ITT | Control | 10 | 3 weeks | 16.10 (3.76) | 13.6 (5.91) | -2.5 | 0.02 | N/R | N/R |
| | | | | | DHT | 10 | 3 weeks | 15.20 (5.49) | 9.60 (4.86) | -5.6 | 0.02 | -3.1 | >0.2 |
| | | | | | DHT | 10 | 3 weeks | 17.00 (4.62) | 6.14 (3.02) | -10.86 | 0.02 | -8.36 | 0.03 |
| | | | | | Control | 10 | 6 weeks | 16.10 (3.76) | 11.30 (5.58) | -4.80 | 0.02 | N/R | N/R |
| | | | | | DHT | 10 | 6 weeks | 15.20 (5.49) | 6.60 (3.95) | -8.60 | 0.02 | -3.80 | >0.2 |
| | | | | | DHT | 10 | 6 weeks | 17.00 (4.62) | 3.43 (3.82) | -13.57 | 0.02 | -8.77 | 0.03 |
| Usual Care | | | | | | | | | | | | | |
| Carl 2020 | Big Health | Low | 256 | ITT | DHT | 128 | 3 weeks | 15.4 (5.10) | 12.19 (6.30) | -3.21 | N/R | -2.50 | N/R |
| | | | | | Control | 128 | 3 weeks | 14.7 (5.80) | 13.99 (5.88) | -0.71 | N/R | N/R | N/R |
| | | | | | DHT | 128 | 6 weeks | 15.4 (5.10) | 10.80 (6.00) | -4.6 | N/R | -3.05 | N/R |
| | | | | | Control | 128 | 6 weeks | 14.7 (5.80) | 13.15 (6.15) | -1.55 | N/R | N/R | N/R |
| Hall 2024 | Big Health | N/A | 61 | ITT | DHT | 30 | 5 weeks | N/R N/R | N/R N/R | -5.3 | N/R | -1.87 | 0.07 |
| | | | | | Control | 31 | 5 weeks | N/R N/R | N/R N/R | -3.8 | N/R | N/R | N/R |

| Publication | Company Name | Risk of Bias | Total N, Study | Analysis Population | Treatment Arm | Total N, Arm | Timepoint | Baseline Score Mean (SD) | Follow-Up Score Mean (SD) | Within Group Change from Baseline | | Between Group Difference in Change from Baseline | |
|------------------------|----------------|--------------|----------------|---------------------|---------------|--------------|-----------|--------------------------|---------------------------|-----------------------------------|---------|--|---------|
| | | | | | | | | | | Mean | p-value | Mean | p-value |
| Moberg 2019 | Optum (AbleTo) | Moderate | 500 | ITT | DHT | 253 | 4 weeks | 9.7 (0.20) | 7.4 (0.40) | -2.3 | <0.05 | -1.8 | N/R |
| | | | | | Control | 247 | 4 weeks | 10.0 (0.20) | 9.5 (0.30) | -0.5 | <0.05 | N/R | N/R |
| Schure 2019 | N/A | Low | 343 | ITT | DHT | 181 | 4 weeks | 13.7 (5.00) | 8.165 (0.37) | -5.5 | N/R | -2.7 | N/R |
| | | | | | Control | 162 | 4 weeks | 13.4 (5.00) | 10.602 (0.37) | -2.8 | N/R | N/R | N/R |
| | | | | | DHT | 181 | 8 weeks | 13.7 (5.00) | 7.240 (0.39) | -6.5 | N/R | -2.9 | N/R |
| | | | | | Control | 162 | 8 weeks | 13.4 (5.00) | 9.845 (0.37) | -3.6 | N/R | N/R | N/R |
| Segal 2020 | N/A | Low | 460 | ITT | DHT | 230 | 12 weeks | 7.20 (1.41) | 4.37 N/R | -2.83 | <0.001 | -1.89 | <0.001 |
| | | | | | Control | 230 | 12 weeks | 7.29 (1.53) | 6.35 N/R | -0.94 | <0.001 | N/R | N/R |
| Stuart 2022 | N/A | Moderate | 302 | ITT | DHT | 148 | 8 weeks | 14.6 (5.10) | 8.1 N/R | -6.5 | N/R | -2.54 | 0.002 |
| | | | | | Control | 154 | 8 weeks | 14.9 (5.20) | 10.9 N/R | -4.0 | N/R | N/R | N/R |
| Rothman 2024 | Rejoyn | Low | 386 | mITT | DHT | 177 | 6 weeks | 15.4 (4.70) | N/R N/R | -6.68 | 0.0029 | -1.58 | N/R |
| | | | | | Control | 177 | 6 weeks | 15.1 (4.70) | N/R N/R | -5.10 | N/R | N/R | N/R |
| Blended-Care Solutions | | | | | | | | | | | | | |
| Usual Care | | | | | | | | | | | | | |
| Forman-Hoffman 2024a | Meru Health | Low | 100 | ITT | DHT | 54 | 6 weeks | 15.02 (0.81) | 10.31 (0.85) | -4.72 | N/R | -4.04 | N/R |
| | | | | | Control | 46 | 6 weeks | 15.73 (0.88) | 15.05 (0.93) | -0.68 | N/R | N/R | N/R |
| | | | | | DHT | 54 | 12 weeks | 15.02 (0.81) | 8.66 (0.90) | -6.36 | <0.05 | -4.50 | N/R |
| | | | | | Control | 46 | 12 weeks | 15.73 (0.88) | 13.87 (0.94) | -1.86 | <0.05 | N/R | N/R |
| Wright 2022 | N/A | Low | 175 | ITT | DHT | 95 | 12 weeks | 16.1 N/R | 8.6 N/R | -7.5 | N/R | -2.4 | N/R |
| | | | | | Control | 80 | 12 weeks | 16.2 N/R | 11.1 N/R | -5.1 | N/R | N/R | N/R |

Notes: DHT = digital health technology. ITT = intent to treat. N/A = not applicable. N/R = not reported. SD = standard deviation. MCID = minimal clinically important difference. Italic values are calculated values from other data provided in article. Data extracted from a figure is in blue.

Key:

MCID threshold met

Appendix E – Key Comparator Studies with GAD-7 Outcomes

| Publication | Company Name | Risk of Bias | Total N, Study | Analysis Population | Treatment Arm | Total N, Arm | Timepoint | Baseline Score Mean (SD) | Follow-Up Score Mean (SD) | Within Group Change from Baseline | | Between Group Difference in Change from Baseline | |
|--------------------------|----------------|--------------|----------------|---------------------|---------------|--------------|-----------|--------------------------|---------------------------|-----------------------------------|---------|--|---------|
| | | | | | | | | | | Mean | p-value | Mean | p-value |
| Self-Guided Content | | | | | | | | | | | | | |
| No Psychotherapy | | | | | | | | | | | | | |
| Graham 2020 | N/A | Low | 146 | ITT | DHT | 74 | 4 weeks | 11.6 (4.60) | 8.4 (4.60) | -3.2 | N/R | -2.7 | N/R |
| | | | | | Control | 72 | 4 weeks | 11.2 (4.70) | 10.7 (5.20) | -0.5 | N/R | N/R | N/R |
| | | | | | DHT | 74 | 8 weeks | 11.6 (4.60) | 6.8 (5.10) | -4.8 | N/R | -3.4 | N/R |
| | | | | | Control | 72 | 8 weeks | 11.2 (4.70) | 9.8 (5.50) | -1.4 | N/R | N/R | N/R |
| Renn 2024 | Optum (AbleTo) | Low | 280 | mITT | DHT | 79 | 2 weeks | 12.75 (0.54) | 9.74 (0.55) | -3.01 | N/R | -1.34 | N/R |
| | | | | | Control | 201 | 2 weeks | 13.08 (0.34) | 11.41 (0.40) | -1.67 | N/R | N/R | N/R |
| | | | | | DHT | 79 | 4 weeks | 12.75 (0.54) | 8.23 (0.55) | -4.52 | N/R | -1.82 | N/R |
| | | | | | Control | 201 | 4 weeks | 13.08 (0.34) | 10.38 (0.40) | -2.7 | N/R | N/R | N/R |
| | | | | | DHT | 79 | 6 weeks | 12.75 (0.54) | 7.81 (0.55) | -4.94 | N/R | -1.96 | N/R |
| | | | | | Control | 201 | 6 weeks | 13.08 (0.34) | 10.10 (0.40) | -2.98 | N/R | N/R | N/R |
| | | | | | DHT | 79 | 8 weeks | 12.75 (0.54) | 7.77 (0.55) | -4.98 | N/R | -1.57 | N/R |
| | | | | | Control | 201 | 8 weeks | 13.08 (0.34) | 9.67 (0.39) | -3.41 | N/R | N/R | N/R |
| Xiang 2024b | N/A | Low | 70 | ITT | DHT | 35 | 9 weeks | 7.85 (3.73) | 5.06 (4.71) | -2.79 | 0.001 | -1.85 | N/R |
| | | | | | Control | 35 | 9 weeks | 6.17 (5.25) | 5.23 (3.38) | -0.94 | 0.15 | N/R | N/R |
| Usual Care | | | | | | | | | | | | | |
| FDA, K233872, (Daylight) | Big Health | N/A | 351 | N/R | DHT | 175 | 10 weeks | 15.58 (3.5) | 7.88 (4.76) | -7.70 | N/R | -3.24 | <0.001 |
| | | | | | Control | 176 | 10 weeks | 16.14 (3.07) | 11.68 (4.42) | -4.46 | N/R | N/R | N/R |
| Carl 2020 | Big Health | Low | 256 | ITT | DHT | 128 | 3 weeks | 15.6 (2.80) | 10.81 (4.39) | -4.79 | N/R | -2.8 | N/R |
| | | | | | Control | 128 | 3 weeks | 15.6 (3.10) | 13.64 (4.43) | -1.96 | N/R | N/R | N/R |

| Publication | Company Name | Risk of Bias | Total N, Study | Analysis Population | Treatment Arm | Total N, Arm | Timepoint | Baseline Score Mean (SD) | Follow-Up Score Mean (SD) | Within Group Change from Baseline | | Between Group Difference in Change from Baseline | |
|------------------------|----------------|--------------|----------------|---------------------|---------------|--------------|-----------|--------------------------|---------------------------|-----------------------------------|---------|--|---------|
| | | | | | | | | | | Mean | p-value | Mean | p-value |
| Carl 2020 | Big Health | Low | 256 | ITT | DHT | 128 | 6 weeks | 15.6 (2.80) | 9.46 (4.67) | -6.14 | N/R | -3.2 | N/R |
| | | | | | Control | 128 | 6 weeks | 15.6 (3.10) | 12.66 (4.70) | -2.94 | N/R | N/R | N/R |
| Moberg 2019 | Optum (AbleTo) | Moderate | 500 | ITT | DHT | 253 | 4 weeks | 9.7 (0.20) | 7.4 (0.40) | -2.3 | <0.05 | -1.5 | N/R |
| | | | | | Control | 247 | 4 weeks | 9.6 (0.20) | 8.8 (0.40) | -0.8 | <0.05 | N/R | N/R |
| Oser 2019 | N/A | Low | 812 | MCA | DHT | 593 | 6 months | 10.91 (4.97) | 8.94 N/R | -1.97 | N/R | -0.01 | 0.99 |
| | | | | | Control | 219 | 6 months | 10.46 (5.10) | 8.50 N/R | -1.96 | N/R | N/R | N/R |
| Schure 2019 | N/A | Low | 343 | ITT | DHT | 181 | 4 weeks | 10.3 (4.70) | 7.121 (0.35) | -3.2 | N/R | -1.7 | N/R |
| | | | | | Control | 162 | 4 weeks | 10.2 (4.60) | 8.724 (0.34) | -1.5 | N/R | N/R | N/R |
| | | | | | DHT | 181 | 8 weeks | 10.3 (4.70) | 6.481 (0.36) | -3.8 | N/R | -2.0 | N/R |
| | | | | | Control | 162 | 8 weeks | 10.2 (4.60) | 8.382 (0.34) | -1.8 | N/R | N/R | N/R |
| Segal 2020 | N/A | Low | 460 | ITT | DHT | 230 | 12 weeks | 6.51 (3.15) | 4.17 N/R | -2.34 | <0.001 | -1.6 | <0.001 |
| | | | | | Control | 230 | 12 weeks | 6.20 (3.28) | 5.45 N/R | -0.75 | <0.01 | N/R | N/R |
| Stuart 2022 | N/A | Moderate | 302 | mITT | DHT | 148 | 8 weeks | 11.1 (4.70) | 7.2 N/R | -3.9 | N/R | -0.8 | N/R |
| | | | | | Control | 154 | 8 weeks | 11.7 (5.00) | 8.6 N/R | -3.1 | N/R | N/R | N/R |
| Rothman 2024 | Rejoyn | Low | 386 | mITT | DHT | 177 | 6 weeks | 9.6 (4.50) | N/R N/R | -3.41 | 0.0705 | -0.77 | N/R |
| | | | | | Control | 177 | 6 weeks | 9.6 (4.90) | N/R N/R | -2.64 | N/R | N/R | N/R |
| Blended-Care Solutions | | | | | | | | | | | | | |
| Usual Care | | | | | | | | | | | | | |
| Forman-Hoffman 2024a | Meru Health | Low | 100 | ITT | DHT | 54 | 6 weeks | 11.69 (0.69) | 8.27 (0.73) | -3.42 | N/R | -3.02 | N/R |
| | | | | | Control | 46 | 6 weeks | 11.49 (0.75) | 11.09 (0.80) | -0.40 | N/R | N/R | N/R |

| Publication | Company Name | Risk of Bias | Total N, Study | Analysis Population | Treatment Arm | Total N, Arm | Timepoint | Baseline Score Mean (SD) | Follow-Up Score Mean (SD) | Within Group Change from Baseline | | Between Group Difference in Change from Baseline | |
|----------------------|--------------|--------------|----------------|---------------------|---------------|--------------|-----------|--------------------------|---------------------------|-----------------------------------|---------|--|---------|
| | | | | | | | | | | Mean | p-value | Mean | p-value |
| Forman-Hoffman 2024a | Meru Health | Low | 100 | ITT | DHT | 54 | 12 weeks | 11.69 (0.69) | 6.60 (0.78) | -5.08 | N/R | -4.05 | <0.05 |
| | | | | | Control | 46 | 12 weeks | 11.49 (0.75) | 10.46 (0.81) | -1.03 | N/R | N/R | N/R |
| Wright 2022 | N/A | Low | 175 | ITT | DHT | 95 | 12 weeks | 12.3 N/R | 7.1 N/R | -5.2 | N/R | -2.7 | N/R |
| | | | | | Control | 80 | 12 weeks | 12.4 N/R | 9.9 N/R | -2.5 | N/R | N/R | N/R |

Notes: DHT = digital health technology. ITT = intent to treat. MCA = matched cohort analysis. N/A = not applicable. N/R = not reported. SD = standard deviation. MCID = minimal clinically important difference. Italic values are calculated values from other data provided in article.

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